

Audition Form

(Please Print Legibly)

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Name:				
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				:
Phone: (.)	Cell Phone (if over	16 years old): (
Parent's Cell Pho	one/Name (if 16 year	rs old or younger): (·/
Email (if over 16	years old):			
Parent's email (i	f 16 years old or you	nger):		
				Weight:
Are you willing t	to change your appea	arance (i.e., hair color, l	ength): Yes	No
Role(s) interested	d in: (PLEASE IDE	NTIFY)		
Are you willing t	to accept any other ro oning with your child	ole? Yes	No are not cast, are yo	
Please contact m	e regarding callback	ks by using my: cell ph	one email	l phone
Have you appear If yes, please list	red in other Theater Theater Group/Prod	Group Productions? \(\) duction/Role (use back	Yes No if needed):	
priority; therefore the period from J Our production show dates and]	e, will not accept a roune 15, 2024 through owill be performed A EVERY DAY during earsal Schedule begin	ole in another production our final performance, A august 1, 2, 3, and 7, 8, g TECH WEEK (July 2	with any other pro ugust 10, 2025. 9, 10. You MUST 66 – July 31). We wanted the second	ssical the Musical" is his/her topoduction company encompassing be available for all scheduled will follow a Tuesday, Thursday starting earlier in May. Please mer camp, sports, etc.)
•		would you be willing t	-	