



Audition Form

(Please Print Legibly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Cell Phone (if over 16 years old): (_____) _____ - _____

Parent's Cell Phone/Name (if 16 years old or younger): (_____) _____ - _____ / _____

Email (if over 16 years old): _____

Parent's email (if 16 years old or younger): _____

Birthdate: _____ Grade: _____ Hair Color: _____ Height: _____ Weight: _____

Are you willing to change your appearance (i.e., hair color, length): Yes _____ No _____

Role(s) interested in: (PLEASE IDENTIFY) _____

Are you willing to accept any other role? Yes _____ No _____

If you are auditioning with your child(ren) and he/she/they are not cast, are you willing to still be cast for a role in the production? Yes _____ No _____

Please contact me regarding callbacks by using my: cell phone _____ email _____ phone _____

Have you appeared in other Theater Group Productions? Yes _____ No _____

If yes, please list Theater Group/Production/Role (use back if needed): _____

In accepting any role with Glyndon Area Players, the performer agrees that **"Frozen"** is his/her top priority; therefore, will not accept a role in another production with any other production company encompassing the period from **June 15, 2026** through our final performance, **August 17, 2026**.

Our production will be performed **July 31, August 1, 2, and 6, 7, 8, 9**. You **MUST** be available for **all** scheduled show dates and **EVERY DAY** during **TECH WEEK (July 25 – July 30)**. We will follow a **Tuesday, Thursday, and Sunday Rehearsal Schedule** beginning mid-May, with musical rehearsals starting earlier in May. Please list all known conflicts through the summer (vacations, summer camp, sports, etc.):

If you are not selected for a cast role, would you be willing to help behind the scenes with:

Costumes _____ Set Construction _____ Stage Crew _____ Tickets _____ Publicity _____