

For Office Use Only

FROZEN

(Attach Photo Here)

Audition Form

NAME: _____

AGE: _____ D.O.B: _____ HEIGHT: _____

PARENTS' NAMES: _____

PARENTS' CELLS: _____

ACTOR EMAIL: _____

PARENTS' EMAIL(S): _____

ADDRESS: _____

HOME PHONE: _____ ACTOR CELL: _____

SCHOOL: _____ T-SHIRT SIZE: _____

PREFERRED ROLE(S): _____

WILL YOU ACCEPT ANOTHER ROLE? _____

Previous acting, singing, dance experience (or attach resume):

	ROLE	SHOW	COMPANY	YEAR
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Special training (list number of years)

Tap _____ Jazz _____ Ballet _____ Lyrical _____ HipHop _____ Other _____

Gymnastics _____ Acting _____ Improv _____ Choir _____ Voice Lessons _____