## West Bend Children's Theatre Inc.

## STUDENT AUDITION FORM

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Name:				
Student phone#	dent phone# Parent phone #			
Address:	City:	Zip_		
Student Email:	Parent Email:	Ever sung a so	Ever sung a solo?	
I CAN memorize: 10-9–8–	-7-6-5-4-3-2-1 I CAN NO	T memorize (circ	le)	
I will accept any kind of role	: YES NO I am interested in wo	orking backstage.	YES NO	
Role(s)/Crew I am inter	ested in:			
We encourage cast member Please check your preferen	ers and/or family to help in one nce:	e more of the are	as listed.	
Set Construction	Set Decoration/painting _	Publicity	Properties	
	we performed in starting with your moeto have fun, learn, and create a fantas		Do not worry if this	
Name of Productions	Role	Organization		
Are you interested in auditio	ning for a particular role?			
Are you interested in auditio Will you accept any role offer	-	Yes	No	

Rehearsals will take place in the evenings (primarily Monday through Thursday) of January 23-April 18th at Badger Middle School and the production is April 19th-22nd at West Bend High School. Please list ANY conflicts on the following page.

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Name:					
You must fil	You must fill out the information below - Dates/Times I am NOT available				
List any days you are gone for other commitments: for example: Will you be gone for vacation?					
-MAY NOT HAVE ANY SHOW CONFLICTS- Show Dates: APRIL 19 - 22nd					
List any days on which you regulary have other commitments. For example: Tuesdays & Thursdays I have work, church, school activity.					
DAY	TIME	TIME			

DAY	TIME	TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		