

West Bend Children's Theatre Inc.

Audition #

STUDENT AUDITION FORM

Student Name _____ Student Age as of 4/17/24 _____

Parent Phone # _____ Parent Email _____

Student Phone # _____ Student Email _____

Address _____ City _____ Zip _____

Special Talents (juggling, tricks etc...)

**We encourage cast members and/or family to help in one more of the areas listed.
Please check your preference:**

_____ **Set Construction** _____ **Set Decoration/painting** _____ **Publicity** _____ **Properties**

Please list any productions you have performed in starting with your most recent roles first. Do not worry if this is your first audition. We are here to have fun, learn, and create a fantastic show!

Name of Productions

Role

Organization

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you interested in auditioning for a particular role? _____

Will you accept any role offered to you?

Yes

No

Will you accept an ensemble/chorus role?

Yes

No

Rehearsals will take place in the evenings (primarily Monday through Thursday) and a couple of possible Saturdays or Sunday dates. Rehearsal dates will be January read thru with full rehearsals being January - April. Production held at the Silver Linings Art Center (West Bend High School) April 17,18,19. Please list ANY conflicts on the following page.

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STUDENT AUDITION FORM- page 2

Audition #

Name: _____

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 17 - 20

List any days on which you regularly have other commitments. For example: Tuesdays & Thursdays I have work, church, school activity.

DAY	TIME	TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

