

For Office Use Only



(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 _____