



Number: _____

Audition Form

Show Dates:

April 5-7 and April 12-14

Name: _____ Age: _____

Phone Number: _____

Email: _____

Address: _____

Contact Via Facebook: Yes or No

Can Receive Text: Yes or No

Role Auditioning for: _____

Will you consider other roles: YES or NO

Vocal Experience: _____

Vocal Type: (circle one) Soprano Mezzo Alto Tenor Baritone Bass

Previous Theater Experience:

Previous Dance Experience:

Special Skills or Talents (musical instrument, formal training, etc.):

Scheduling Conflicts from Jan 15th until Showtimes:

----- Director's use only -----

Vocal Range: _____