



MUSICAL AUDITION FORM

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME: (____) _____ **WORK:** (____) _____

CELL : (____) _____ **CAN WE TEXT YOU INFO:** Yes No

EMAIL: _____

IS IT OK TO PUBLISH YOUR INFORMATION: Yes No

AGE: _____ **HEIGHT:** _____

Role(s) Auditioning for: _____

Check if you would accept an ensemble/chorus role?

Check if you would accept a role other than those indicated above?

Check if you would change your hair style/hair color for a certain role ?

Check if you would be interested in being involved with any of the following:

Production Crew/Backstage Costuming Make-up Publicity

Please check if you have any of the following experience:

- Gymnastics, Tumbling or Acrobatic Training
- Voice Training: # of years _____ Voice Teacher _____
- Other Specialty Talents: (please list) _____

- Experience in Ballet Tap Jazz dance
 Where did you get your training/experience, if any _____
 _____ # of years: _____

- Previous Show Experience - List all information, most recent first:

SHOW:	ROLE:	PLACE:	YEAR:

Please cross out days on the calendars below that you would have conflict with rehearsals or performances. Also, please then explain reasons for ANY possible conflicts with rehearsals or performances (i.e. school activities, other shows, sports, vacations, etc.) in the space below.

JANUARY 2012

SUN	MON	TUES	WED	THUR	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY 2012

SUN	MON	TUES	WED	THUR	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

MARCH 2012

SUN	MON	TUES	WED	THUR	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Please check if you are you available for an occasional Saturday rehearsal?