



Audition Information:

Please print clearly

Name:	Part Auditioning For:
Email Address:	Phone Number:
18 or older <input type="checkbox"/> Under 18 <input type="checkbox"/>	Age If Under 18:
Mailing Address:	City And Zip Code:
If Under 18, Parent's Name:	Best Method Of Contact:
Emergency Contact Name:	Emergency Contact number:
Previous theater experience: please list show & role as appropriate:	
Additional music, dance or theater training:	
Other Talents (ex: gymnastics, accents, musical instruments)	
Rehearsals will be held weekday evenings (M-TH) beginning the end of May until the show. Please list any conflicts you may have with these days:	
Sign below after reading the Cast and Family Requirements and Expectations	
Applicant's Signature:	Parent's Signature if under 18: