



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). Wizard of Oz rehearsals will begin May 27th and Alice rehearsals will begin July 14th. Please list any conflicts you may have with these days based on the show that you are auditioning for:	

Sign below after reading the Cast and Family Requirements and Expectations

Applicant's Signature:	Parent's Signature if under 18:

What Show are you auditioning for?

_____ Wizard of Oz

_____ Alice in Wonderland Jr.

_____ Both Shows

Are you auditioning for a specific part?

Would you be willing to accept another part?
