

Audition Form

Contact Information		
First & Last Name:		Age:
Grade: 3 4 5 6	School:	Teacher:
Parent/Guardian Name (1):		Parent/Guardian Name (2):
Parent/Guardian Email (1):		Parent/Guardian Email (2):
Parent/Guardian Cell Phone (1):		Parent/Guardian Cell Phone (2):
Previous Performing Experience		
When?	Where?	What?
When?	Where?	What?
When?	Where?	What?
Special Skills		
<p>Have you had singing lessons/been in a choir?</p> <p>If yes, where?</p> <p>How long?</p> <p>Are you interested in auditioning for a singing part?</p>	<p>Instead of performing on stage, are you interested in helping backstage? We need someone for the following jobs (circle any you have interest in) :</p> <p>Sound</p> <p>Lights</p> <p>Spotlight</p> <p>Curtain</p> <p>Stage Manager</p>	
<p>Do you play the ukulele?</p> <p>If yes, are you interested in auditioning for a ukulele part?</p>	<p>Other special skills? (i.e. gymnastics, dance, martial arts, sports, etc.)</p>	
<p>List any after school conflicts that you have including days and times:</p>		

