MID-SOUTH ACADEMY FOR CHILDREN'S THEATRICS

AUDITION FORM

Name: _____ **Age:** _____

E-mail Address: _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Your School (if student): _____ **Grade:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number (if different): _____

Parent/Guardian's E-mail Address (if different): _____

Role(s) for which you are auditioning, if specific: _____

Would you accept any role (circle)? **Yes / No**

If you are a girl, are you willing to play a boy (circle)? **Yes / No**

Please list any date(s) with which you may have a conflict. Use back if needed.

_____

_____

_____

Please list your theatre or public speaking experiences, including roles performed, backstage crew, auditions, camps and workshops, etc. If you brought a theatre resume, please staple it to this sheet.

_____

_____

_____

Please list any training in voice, theatre, dance, gymnastics, cheerleading, mastery of musical instruments, special talents, or other related skills.

_____

_____

Parents will be asked to volunteer during the rehearsal and production period. Please tell us where you would like to help us out. What skills do you have? It takes a village.

_____

_____