



Audition Form

Please complete one audition form AND one conflict calendar for **EACH PERSON** auditioning.

Name: _____ Participant phone number: _____

Participant Email: _____

Age: _____ Birthday: _____ Height: _____

For Minors: Parent/Guardian name _____ Parent Phone number: _____

Parent/Guardian email: _____

Vocal Range (circle all that apply): Bass Baritone 2nd Tenor 1st Tenor Alto Mezzo Soprano Soprano

Please list any experience or training in singing, dancing and/or theatre. You may attach a resume if you prefer.

List any special talents or abilities: _____

If you are auditioning with family members and DO NOT wish to be cast without them, please list their names and ages:

List the role(s) you would like to be considered for: _____

Are you willing to accept ANY ROLE? _____ YES _____ NO

(Selecting No, will not negatively affect casting decisions but instead will allow us to cast effectively.)

Are you willing to kiss someone other than your spouse/significant other on stage: Yes No N/A

How did you hear about us? Website _____ Friend/Family _____ Social Media _____ School _____ Other _____

I have completed this audition sheet to the best of my ability. I have HONESTLY completed and attached a Conflict Calendar and provided a current headshot. **I have listed ALL CONFLICTS which I have during production time and understand that I may be recast if my conflicts change and I am aware that the amount of conflicts may affect the possibility of being cast.** I understand that casting involves a number of factors including: talent, availability, work ethic, physical appearance and attitude. If cast, I will do my best to be on time and prepared for all my scheduled rehearsals and performances.

Signature: _____ Date: _____