

Drama Kids Audition Form

Role:

Name: _____

Parent's Name _____

Address: _____

Phone #: _____

Email: _____

Age

Male

Female

Costume Size: Shirt Size _____ Pant Size _____

Would you consider playing a role of the opposite sex? Yes No

Any role you do not want? _____

Previous Experience:

Show Name	_____	Role	_____
Show Name	_____	Role	_____
Show Name	_____	Role	_____
Show Name	_____	Role	_____

Any Dance Experience: Yes No
Any Singing Experience: Yes No

Please review rehearsal calendar and list any scheduling conflicts. Any and all conflicts must be disclosed by final casting: _____

Directors Notes: _____

