



AUDITION FORM

Height Inches Leave box blank

Complete ALL boxes on this Student Information Sheet

NAME	AGE	GRADE <small>now</small>
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SCHOOL	STUDENT'S PERSONAL PHONE <i>(if any)</i>
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Role(s) for which you are auditioning:	STUDENT'S PERSONAL EMAIL <i>(if any)</i>
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<b>Circle the correct answer for you:</b>	No sibling	Indicate youth, junior or adult sizes with the proper numbers
Will you accept a role if your sibling is not cast?	YES NO	
Will you accept any role if not cast as a preferred role?	YES NO	Pants/Skirt Size
Can you complete rehearsal tasks by yourself?	YES NO	
Can you read sheet music?	YES NO	
Do you have or will get braces/etc. before the show?	YES NO	Shirt/Blouse Size
Have you AND your parent read ALL the audition information?	YES NO	
Circle your t-shirt size: <b>YS YM YL AS AM AL AXL AXXL AXXXL</b>		

Describe your dance training/experience:	Describe your vocal training/experience:
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**PARENT/GUARDIAN INFORMATION** - A parent MUST sign consent AND complete conflict sheet!

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
CELL	CELL
HOME	HOME
WORK	WORK
EMAIL	EMAIL

**PARENTAL CONSENT**  
 Parent/Guardian signature: \_\_\_\_\_ *(acknowledges Expectations & Fees, confirms conflicts listed, and gives permission for child to participate in auditions.)*

**LEAVE THESE BOXES BLANK FOR THE DIRECTOR**

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