

# POP'S DINER AUDITION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Audition Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this audition? \_\_\_\_\_

Your Audition Song? \_\_\_\_\_

**EXPERIENCE:** (If you have attached a resume, please skip this section)

**THEATER:** (Please list your last five shows/roles)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Years **SINGING:** \_\_\_\_\_ Study With? \_\_\_\_\_

# Years **DANCING:** \_\_\_\_\_ Study With? \_\_\_\_\_

# Years **ACTING:** \_\_\_\_\_ Study With? \_\_\_\_\_

If offered, will you accept a **LEAD/SUPPORTING LEAD ROLE?** (Y/N) \_\_\_\_\_ **ENSEMBLE?** (Y/N) \_\_\_\_\_

**SCORE:** **ACTING:** \_\_\_\_\_ **SINGING:** \_\_\_\_\_ **DANCING:** \_\_\_\_\_

**CALLBACK? YES / NO ROLE:** \_\_\_\_\_ **CAST?** \_\_\_\_\_