



Youth Audition Form

Please fill out and email to:
vptheater@aol.com



First Name: _____ Last Name: _____ Age _____

Address: _____ City _____ Zip _____

Parent's Cell #: (_____) _____ - _____ Alternate Phone #: (_____) _____ - _____

Parent Email Address(s): _____

Are you interested in a specific role? YES NO If so, which one(s)? _____

Is there a person(s) that you need to be scheduled with for family members, carpooling, etc.? YES NO

If so, with whom? _____

How did you hear about the auditions? _____

Why are you auditioning for this show? _____

Please check YES or NO regarding your availability for the rehearsals and performances listed below:

Day	Date	Time	YES	NO		YES	NO		YES	NO
Sunday	3/22	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	3/29	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	4/12	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	4/19	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	4/26	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	5/3	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	5/17	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		
Sunday	5/24	12:30 - 2:30 pm			2:30 - 5:00 pm			5:00 - 6:30 pm		

Friday	5/29	5:00 - 9:00 pm			Dress/ Tech Rehearsal @ The Center Theatre					
Saturday	5/30	11:00 - 6:30 pm			Showtimes 1:00 & 4:00 pm @ The Center Theatre					
Sunday	5/31	11:00 - 6:30 pm			Showtimes 1:00 & 4:00 pm @ The Center Theatre					

Please list any scheduling conflicts below:

DO NOT WRITE BELOW THIS LINE!