



Caledonia Middle School
 Players
 2026 Audition Form
 7th 8th

Name _____

School _____ Grade _____

Parent Name(s) _____

Parent Phone _____ Parent Email _____

Please completely list all conflicts you have with the rehearsal schedule. If you have no conflicts, please note that as well. **It's the expectation that each student who receives a lead role makes a commitment to maintain 100% attendance at ALL rehearsals to ensure the success of the production. Emergencies are the ONLY exception. Please consider this thoroughly.**

Roles I am interested in:

I give permission for my child, _____,
 to audition for the CMSP production of Frozen , Jr. I have looked over the rehearsal and
 performance schedule and have noted all conflicts.

Parent Signature _____ Date _____