

AUDITION FORM



				т	
Name:			Pronouns:		
Address:					
Postcode:		Mobile:			
DOB:		Email:			
Character A	uditions				
	the following information:				
I wish to audition for the following role:		Gabri	iolla		Trov
(please circle which character – can be more than one)		Gabriella		Troy	
		Sharpay		Ryan	
		Kelsi		Chad	
		Taylor		Zeke	
		Ms Darbus		Coach Bolton	
		Ensemble: Brainiacs, Jocks, Cheerleaders, thespians			, thespians
Would you accept a different role if offered?		Yes	No	If not, w	hy?
Vocal range:					
If unsure, test on YouTube - Find your vocal range in 1 minute - https://youtu.be/9lejHKpfHso					
Previous theatre experience:					
(please give det	ails of any recent roles – the last 3)				
	ce experience:				
(please give det	ails of style and number of years)				
Do you have specialist skills?					
(Eg. Gymnastics	, hand-walking, juggling, etc.)				
	cal limitations prevent you from				
carrying out specific dance movements? If					
yes, please list.					
Why do you v	want to be in the show?				
		_			6. 6.
Clothing Shoe Size		Тор	Bott	om	Shoe Size
(note adult/child size)					