



CHILDREN'S PRODUCTION AUDITION FORM

Show: _____

Audition Date: _____

Name: _____

Role Auditioning for: _____

Are you willing to accept a different role? (Y/N): _____

Address: _____
Street City State Zip Code

Home Ph#: _____ Cell Ph#: _____ Email: _____

Parent/Guardian Information: Cell Ph#: _____ Email: _____

Perferred method of contact: (Please Circle One:) EMAIL TEXT

Age _____ Voice Part/Range (if known) _____ Hair Color _____ Heigh: _____ Shoe Size: _____

Dress Size - female _____ Skirt size - female _____ Top/Shirt Size - all (S,M,L,XL, etc) _____ Pant Size - all _____

I give Spotliters permission to take my photo/include me in video as a part of this production process, for audition and publicity purposes. By initialing this form, I waive my rights to these photos/videos, and authorize Spotliters to use them as appropriate. _____

How did you find out about Spotliters/this production? _____

Please list any known conflicts for rehearsals/performances (schedule available at auditions): _____

Please list any theatre/performance experience (include years, locations and company/school names if possible):

To be completed by Director/production staff
SONG: _____

To be completed by Director/production staff
READING: _____

Production Staff comments:

