



Audition Form

Name _____

Age _____ Pronouns _____

Address _____

Phone _____ Email _____

If participant is under 18:

Parent/Guardian (List more on back) _____

Phone _____ Email _____

Past Experience

Desired Roles

Vocal range _____

Would you Accept a different role if offered?

Yes No

Skills

Would you be interested in having a role on the production team if not cast? (Run Crew, Front of House, etc.)

Yes No

Are you afraid of heights?

Yes No

List any conflicts from Jan 20th to May 11th (Rehearsals are Weds.6-8pm & Sats 9am-3pm)

