



Youth Audition Form Actors ages 7-17

Please complete the information below. Attach this form to your resume, headshot (if you have these) and detailed conflict calendar sheet.

Actor's Name: _____ **Actor's Age:** _____

Parent Name: _____

Phone #: _____ **Secondary contact #:** _____

Email address(es) for notifications about this show (please print clearly and double check the correct address is given):

Access to FACEBOOK for private group updates and important info? Yes _____ No _____

Vocal Training? If Yes, how many years: _____, Instructor _____

Dance/Gymnastics Training? If Yes, Studio _____

Beginner _____ Some Training _____ Experienced _____ Advanced _____ Tap? _____

Which roles interest you the most? _____

Are you willing to accept any role? Yes: _____ No: _____

Are you willing to play a role of the opposite gender? Yes: _____ No: _____

Is actor currently (or soon to be), in another show which overlaps with this production in anyway? Yes _____ No _____ (if yes, which show, theater, and dates?)

Director notes: CONFLICTS.

Please note that an actor's availability will play a key role in casting. We will honor the conflicts that you provide to us during auditions. Once cast however, it is important to our rehearsal process that no additional conflicts result in an absence. Please make sure we have noted all of your out-dates at this time. If additional conflicts are requested and taken during the rehearsal process, the director may choose to remove the actor from scenes worked on in their absence. Thank you for your understanding.

Parent signature: _____