

Audition Form

Please complete the information below. Attach this form to your resume, headshot and detailed conflict calendar sheet.

Actor's Name:					
Parent Name:					
Parent Phone:					
Parent Email (ple					
Address:					
City:		Zip:_			
Actor's Phone (if a	pproved by pa	rent):			
Actor's Age:					
Dance Training: Ye	es/No If yes, ho	ow many years	s:		
Check disciplines:	Jazz:	Ballet:	Modern:	_ Tap:	
Special skills? (Acc	ents, juggling, acrol	batics, play an ins	trument, joke-telling)	
Which roles interes	-				
Are you willing to a					
Is actor currently (canyway? Yes	•			-	
Director notes: CO Please note that an ac provide to us during a additional conflicts res time. If additional conf choose to remove the	ctor's availability vuditions. Once ca sult in an absence flicts are requeste	ast however, it is in the set. Please make set and taken duri	important to our re ure we have noted ng the rehearsal p	ehearsal process d all of your out- process, the dire	s that no dates at this ctor may
Parent signature:					