



Audition Form

Please submit this form at your audition with a CURRENT HEADSHOT.

Vocal Selection (Kickline NOT required to sing) _____

Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Age _____ DOB _____ Hair Color _____ Height* _____ Feet _____ Inches _____ Wt* _____
*Height and weight are required

Parent's Name (if applicable) _____

Parent's Phone _____ Parent's Email _____

How did you hear about us? _____

Do you have advanced skills in any of the following? (Indicate years)

Ballet _____ Hip Hop _____ Jazz _____ Tap _____ Gymnastics _____ Swing _____

Are you interested in auditioning for roles that involve additional rehearsals? If so, please check which rolls:

Swing Dance Vocal Soloist/Harmony Parts Acting Roles/Narration Ballet

Most Recent Role/Performance

Date _____ Location/Theatre _____

Date _____ Location/Theatre _____

Date _____ Location/Theatre _____

Please list all commitments that may interfere with rehearsals or performances, including specific dates and times. Note that absences are not permitted from load-in through the run of the show. Any conflicts reported after casting may lead to dismissal from the show. If there are no conflicts, please write "NONE" below. Additionally, please be aware that no more than two conflicts will be considered for approval.

I have read the rehearsal schedule and have listed all conflicts above.

Signature _____