



Audition Form

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

Vocal Selection (Kickline NOT required to sing) _____

Name _____ E-mail _____

Home Phone (____) _____ Cell Phone (____) _____

Address _____ City _____ State _____ Zip _____

Age ____ DOB _____ Hair Color _____ Ht: 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? _____

Currently in School? Yes No If so, what school do you attend? _____

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 additional roles that will require more rehearsals?

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

Most Recent Role/Performance (Use back of this form if needed or attach resume):

Date: _____ Location/Theatre: _____

Date: _____ Location/Theatre: _____

Date: _____ Location/Theatre: _____

List ALL commitments that might interfere with rehearsals/performances. Give SPECIFIC DATES and TIMES. No absences are allowed from Move-In through the run of the show. Conflicts reported after casting may result in dismissal from the show. If there are no conflicts, please write the word "NONE" below (Please note that no more than two conflicts will be considered for approval)

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

Signature _____