



**Musical
Audition
Form**

NAME _____

ADDRESS _____ **CELL PHONE** _____

EMAIL ADDRESS _____

BEST METHOD TO CONTACT YOU: _____ **BEST TIME TO CONTACT YOU** _____

VOCAL RANGE _____ **CAN YOU READ MUSIC?** () YES () NO

Dance BACKGROUND (JAZZ, TAP, ETC) _____

HEIGHT _____ **HAIR COLOR** _____ **AGE (OPTIONAL)** _____

PLEASE LIST ANY CONFLICTS THAT MIGHT INTERFERE WITH YOUR AVAILABILITY FOR REHEARSALS:

PLEASE LIST THE THREE MOST RECENT ACTING OR THEATER EXPERIENCES.

IF YOU ARE NOT CAST, ARE YOU INTERESTED IN WORKING ON THE SHOW? () YES () NO

IF YES, WHICH AREAS WOULD YOU BE MOST INTERESTED IN HELPING WITH?

() SET CONSTRUCTION () PROPS () COSTUMES () () SOUND () HOUSE MANAGEMENT

HOW DID YOU HEAR ABOUT THIS AUDITION? _____

(EXAMPLES: WEBSITE, FACEBOOK, INSTAGRAM, PAPER, FRIEND)

DIRECTOR'S NOTES _____
