

2020 Season Audition Form



Name _____

Phone # _____

email _____

MALE ___ FEMALE ___ AGE RANGE _____ HEIGHT _____

Which Show(s)/Role(s) are you auditioning for _____

Would you accept different roles? Yes ___ No ___

Which Show(s)/Role(s) do not want to be considered for?

Do you have any schedule conflicts? Please list any concerns:

Would you be interested in our Adventure (Family) Series productions? Yes ___ No ___

If auditioning for a musical, what is your vocal range? Soprano/Alto/Tenor/Baritone

If auditioning for a musical, do you dance? Yes ___ No ___ Training? Yes ___ No ___

Theatrical experience or training: (Please list anything you think may apply or attach a resume/headshot)

