#			

Summer Theatre Program

## **AUDITION FORM**

## **INFORMATION ABOUT YOU**

Please **PRINT** clearly. If we can't read your writing, we can't contact you!

Name:				E-mail:			
Address:				Home Ph:			
				Cell Ph:			
Church:				Height:			_
High Scho Grade (in Fall '18)				Hair Color: Vocal Group	p		
Shoe Size				Dance Experience:		Some Training  yr of training; 1 or 2 music	
(for dress shoes Birthdate: (incl. year)	,			Tap Experience:	None S	Some Training yr of training; 1 or 2 music	g A LOT!
Ple	ase note, it is highly w	nlikely that your a	nswers to any of the	L QUESTIC questions below, incl honest in your answer	uding about conflicts	s, will cause the D	irector not to
1A.	Is this your <b>firs</b>	t audition for	a STP show?	YES	NO		
1B.	If not, for what	previous STP	shows did you	either audition of	or perform? (cire	cle all that app	ply)
	Shrek B&TB If yes, how did  Email From a fr.	you hear abou		ie Annie ebook/Twitter STP.orş			Peter Pan
	Do you have a j	oreferred role	for which you	would like to auc	dition?	YES	NO the Director)
2B.	If yes, for what	part(s)?					
2C.	Will you accept	any part?	YES	NO			
3.	Are you willing	allowed to cha	ange your hairs	style (i.e. cut/cole	or your hair)?	YES	NO
	Are you willing blocking?	to kiss anothe	er actor/actress	on stage if asked YES	d by the Directo	or as part of yo	our
5.	Do you have any	y acrobatic ski	lls (tumbling, §	gymnastics, chee	erleading)?	YES	NO
		? (Please spec	cify any prefer	to be contacted ences you have			
	YES	NO	Where:				
7.	Do you play an	instrument?	YE				
6B.	What instrumen	t(s)?			For how long	g?	
8.	Are you availab	le Saturday, M	(ay 19 from 9:0	00 a.m–12:00 p.n	n for call backs	? YES	NO
	Staff Use Only	: Photo:	Sing	D	ance:	Admin	

9.	List all conflicts between now and August 1. Include summer school, other school events, camps, trips, family vacations, job requirements/shifts, swim meets/banquets, Workcamp, Cappies, College orientation, etc. Be specific where possible. Rehearsals are weekday evenings and some Saturdays.
10	Please summarize your previous theatrical experience below telling us show, role, and year, training received/classes and when, and awards received, when. You may attach a résumé if you have one:
11.	Is there any other information not provided elsewhere on this form that could impact/limit your ability to perform any role for which you are cast (examples could include transportation, health issues, physical disability/limitation, past injury/recovery)? If you would prefer, you may discuss your concerns one-on-one with one of the Producers while you wait to audition.