



AUDITION REGISTRATION FORM

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone (Cell): _____ Phone (Home): _____

Email: _____

Parent Name: _____ Parent Cell: _____

Parent E-Mail: _____

Sex: Male Female Age: _____ Height: _____ Grade _____

Role(s) for which you wish to audition:

If you are not cast, would you like to be considered for one of the following positions on the production crew?

stage crew _____ publicity _____ lights/sound _____

If you are cast in any role you will be expected to be at all rehearsals your character is scheduled for that are not listed above. Please check all that apply:

_____ I will accept any role offered to me.

_____ I will only accept the role I specified on page 1.

Signature: _____ Date: _____