



Audition # _____

Audition Information Form

Place photo here

Name of Show: _____

Name: _____

Parent or main contact e-mail _____

Cast member e-mail: _____

We would like to put together a cast contact sheet and distribute it to other performers. May we release your contact information? Yes _____ No _____

School: _____

Gender: M or F Age: _____ Grade: _____ Height: _____
Pants size: _____ Shirt size _____ Shoe size: _____

Phone: *(list all)* Home: _____
Parent cell: _____
Auditioner cell: _____

List dates of any conflicts or issues you anticipate. Include other productions you are in:

Does your parent(s) or family member have any abilities or experience that could help support this production? (silent auction prizes, technical, graphic design, etc.) ***If yes, please describe:***

I have read and understand the commitment and responsibilities outlined in the above information:
auditioner's signature and date _____

Parent signature and date _____



Please provide the information below or attach your resume:

Drama, Dance or Vocal **Experience:** _____

Drama, Dance or Vocal **Training:** (Be specific – years studied, instructors or schools, specific styles, etc.)

Special or Unusual **Talents:** _____

How did you hear about our auditions? (Flyer, email, SSPA website, other internet, newspaper, radio, friend, magazine)

Audition Packet Terms – Please initial (both auditioner and parent) each to indicate you have read and understand:

Attendance _____

Behavior _____

Parent Meeting _____

Rehearsal Schedules _____

Fees _____

Sign In/Out _____

Parent Pick Up _____

I have read the Audition Packet and agree to all of the terms. (*auditioner's signature and date*)

I have read the Audition packet and agree to all of the terms. (*parent signature if cast member is a minor and date*)
