

Audition Number _____

The Academy of Children's Theatre
(Name of Production) Audition Form
Performance Dates: (insert dates)

Student Name _____ Parent Name _____
 Male Female Grade _____ School _____
Address _____ Zip _____
Home Ph _____ Parent Cell _____ Student Cell _____
Student E-mail _____ Parent E-mail _____
Parent's signature indicating consent _____

Vital Statistics: Age: _____ Height: _____ Hair Color: _____ Build: Slender Medium Heavy

Previous Theatrical Experience:

Play	Character	Organization

Additional Training (voice, music, dance, etc.) list your teacher and years in training:

Special Skills: _____

- I am interested in auditioning for: _____ anything
- Are you willing to accept any role besides the one(s) you mentioned above? Yes No
- If not selected for a role in this play, are you interested in helping with the production? Yes No
- How did you hear about these auditions? _____

List any **conflicts** you anticipate: *Use reverse side if needed; be sure to include holiday conflicts.*

