

Audition Number \_\_\_\_\_

The Academy of Children's Theatre  
**Audition Form for: *Joseph and the Amazing Technicolor Dreamcoat***  
Performances: October 7, 8, 14, & 15 @ 7PM  
Performances: October 8, 9, 15, 16 @ 3PM

**PLEASE PRINT CLEARLY**

Student Name _____	Parent Name _____	
Grade _____	School _____	I Identify my gender as _____
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: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

**Previous Theatrical Experience** (may use back of page if needed):

Play	Character	Organization

**Previous Music/Voice Experience:**

Who is your voice teacher? \_\_\_\_\_ How Long? \_\_\_\_\_

Are you in choir? \_\_\_\_\_ How long? \_\_\_\_\_

**Special Skills:** \_\_\_\_\_

• I am interested in auditioning for the role of  \_\_\_\_\_  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 the reverse side if needed; be sure to include holiday conflict:*