

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

The Academy of Children's Theatre  
Audition Form: *The Lightning Thief musical*  
Rehearsals begin March 20th.  
Performances: Oct 6, & 7, @ 7pm  
Performances: Oct 14, & 15, @ 3pm

**PLEASE PRINT CLEARLY**

Student/Actor 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:*