

YOUTH AUDITION FORM

(Please print clearly)

Name _____ Age _____

Parent's Name (if under 18) _____

Address _____

City, Zip _____

Phone (cell) _____ (other if applicable) _____

E-mail _____

Role(s) you will consider: _____

Will you accept any role? Yes/ No

Please carefully read and fill out the conflict calendar. Write in ALL conflicts that occur during the rehearsal schedule. Rehearsals may take place as noted on the calendar.

Other than family emergency/illness, NO additional conflicts will be accepted after auditions.

All performers must participate in tech/dress and all performances.