



## Audition form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Age \_\_\_\_ Grade \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Hair Color \_\_\_\_\_

Photo

Role(s) Desired: \_\_\_\_\_ Would you accept any role? \_\_\_\_\_

WHO IS/WAS YOUR MOST RECENT JUNIOR THEATRE INSTRUCTOR?

\_\_\_\_\_

PREVIOUS EXPERIENCE - List all information, most recent first:

SHOW: \_\_\_\_\_ ROLE: \_\_\_\_\_ PLACE: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST RECENT CREW ASSIGNMENTS YOU HAVE HAD AT JUNIOR THEATRE:

SHOW: \_\_\_\_\_ ASSIGNMENT: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BRIEFLY LIST ANY VOCAL/DANCE TRAINING YOU HAVE HAD (use back for detailed list or attach resume):

\_\_\_\_\_

LIST ANY SPECIALTY TALENTS (juggling, gymnastics, dialects, etc.):

\_\_\_\_\_

NO. OF CLASS SESSIONS YOU HAVE HAD AT JR. THEATRE: \_\_\_\_\_

NO. OF TIMES AUDITIONED AT JR. THEATRE: \_\_\_\_\_

PLEASE SEE ADDITIONAL INFORMATION ON BACK...

## CONFLICTS

You may not miss any performances or rehearsals during the final two weeks of the rehearsal schedule.  
CONFLICTS DURING THESE TIMES MAY RESULT IN NOT BEING CAST IN THE SHOW.

EXPLAIN ANY POSSIBLE CONFLICTS WITH NON-TECH REHEARSALS:

Please include school activities (choir, shows, sports), JT activities (classes, Confetti, JT on Tour), vacations, and other.

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ADDITIONAL INFORMATION AND/OR EXPLANATIONS FROM THE FRONT SIDE:

Would you be interested in joining the Junior Theatre Auxiliary? Yes \_\_\_\_\_ (check)

## PARENT INFORMATION

I understand that once my child has auditioned, there is no refund or tuition credit given. I realize that if my child is chosen for a part, I will be responsible for making sure he/she attends every rehearsal or will notify the Director in case of illness. Absences from rehearsal or performance are NOT tolerated unless cleared in advance with the Director and Stage Manager. Realizing that a Junior Theatre production cannot function without parent involvement, and that every parent must help in some aspect for the program to run smoothly, I will be willing to help on one or more of the following committees:

- |  |                                  |
|--|----------------------------------|
| _____ Production Chairperson or Co-Chairperson | _____ Costumes                   |
| _____ Set Building/Props/Strike                | _____ Backstage Supervision      |
| _____ Properties                               | _____ House Manager              |
| _____ Refreshments                             | _____ Publicity/Lobby Decoration |
| _____ Opening Night Reception                  | _____ Strike Dinner Committee    |
| _____ Telephone Committee                      | _____ Box Office                 |
| _____ Memory Book                              | _____ School Show Meals          |

\_\_\_\_\_  
PARENT NAME (PLEASE PRINT)

\_\_\_\_\_  
DAY/WORK PHONE

\_\_\_\_\_  
PARENT'S SIGNATURE

HELP US PROMOTE THE SHOW BY SUPPLYING THE FOLLOWING INFORMATION:

LOCAL NEWSPAPER YOU RECEIVE: \_\_\_\_\_

OTHER GROUPS YOUR CHILD IS IN: \_\_\_\_\_