Summer Season 2016 Audition Form

Name:		Town:
Age: Grade:		School:
Parents' names:		
Phone number:		Email:
Please list past theatre/p	erforming experience (us	se back if necessary):

Age:	Grade:	School:
Parents' names:		
Phone number:		Email:
Please list past thear	tre/performing exper	ience (use back if necessary):
Is there a particular	character in this prod	duction that interests you and <u>WHY</u> ? (use back if necessary
C		
Can you tap dance?		
Are you comfortabl	e kissing another act	or on stage?
Are you comfortabl	e playing a role of th	e opposite gender?

Please list <u>ALL</u> conflicts between now and July 30, 2016. Please note that all actors must be at all rehearsals/performances from July 31—August 7.