



AUDITION FORM

Full Name: _____ Email: _____

Phone #: _____ City of Residence: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Age: _____ Gender: _____ Preferred Pronouns: _____

Please complete the lower portion of this form or attach a resume with the following information included.

Performance Experience:

Production / Role: _____ Company: _____ Yr: _____

Production / Role: _____ Company: _____ Yr: _____

Production / Role: _____ Company: _____ Yr: _____

Production / Role: _____ Company: _____ Yr: _____

Voice:

Voice Type: _____ Vocal Range: _____ Years Training: _____

Instructor(s): _____ Credentials: _____

Can you read music? Yes No

Dance (check all that apply):

Ballet Tap Jazz Modern Hip-Hop Ballroom Other

Yrs: _____

Education:

College or Higher: _____ Graduation Date: _____ Degree: _____

High School: _____ Graduation Date: _____ Degree: _____

Special Skills:

