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Name	Age:	Birthdate	e:		School: _			
Cell Phone:	Er	mail						
Address								
City	State				Zip			
T-shirt Size (circle one) YS	YM YL	YXL	AS	AM	AL	AXL	A2X	
Briefly list or explain any theatre exp	erience and r	oles that yo	u are mo	ost proud	l of.			
List any vocal training & experience:	How many ye	ears?	In	structor(s	s):			
List any dance training & experience	: How many y	/ears?	In:	structor(s	s):			
REHEARSALS ARE MANDATORY. December 22nd. Indicate whether a school activities you have such as d *Blackout dates December 1st-22nd mandatory!	rriving late, lea ance lessons	aving early, , music less	or gone ons, and	the entired sports e	e time. P etc.	Please inc	lude any at	fter
Do you have a parent/family member/cle Please list their names(s), phone numbe			sets, ligl	nting, cos	tumes etc	o.?		

It is very important to NOT change your current appearance at any time during the show process unless asked to do so.

CALLBACKS & CASTING: You *may* be asked to attend callbacks which will be held this Sunday, October 27th. Casting will be announced Monday, October 28th via the email address listed above. The first cast read-through and important parent meeting will be Tuesday, October 29th at 5:30PM. We will email everyone who has or has not been cast by the end of Monday, October 28th.

*If you are cast in the show there is a mandatory \$100 production fee required per cast member DUE ON TUESDAY, OCTOBER 29, 2019.

Cast members are also responsible for selling ads in the Frozen Jr. playbill.

REHEARSALS WILL BE HELD ON WEEKDAYS AND WEEKENDS.

Exact days and times will be announced on Tuesday, October 29th at the first cast meeting.