SPOTLIGHT THEATER AUDITION FORM

STAPLE PHOTO HERE

Full Name:				_ MALE c	or FEMALE
Age:	School:		Grade:		
Height:	Shirt Size		Pant Size		
HomePhone:		Ce	ell:		
Cast (circle on	e)- Mon/Wed Early Ac	tors Tues/T	hurs Early Actors	Friday	Saturday
	Mon/Wed Broadwa	ay Bound T	ues/Thurs Broadw	ay Bound	
PREVIOUS PERFO	ORMANCE EXPER	RIENCE: (Us	e Back of Page if N	leeded or a	attach resume) -
Roles You're Auditi	oning for				
1st Choice:					
2nd Choice:					
3rd Choice:					
PREFERRED CON Parent's Names:					ormation)
Mailing address:					
City	S	state	Zip		
Home Phone:		Cell: _			
E-mail address:					
Are there any poter	ntial Scheduling Co	onflicts you'r	e currently awa	re of?	

I understand that all Full Run Throughs, Tech Rehearsals and Productions are Mandatory. Failing to attend these rehearsals may result in my part being replaced or shortened. It will also effect future casting decisions. (This does not include illness or emergency situations).