



AUDITION FORM A

Please print legibly in ink. Please fill in ALL information

Office Use Only

NO. _____

STUDENT INFORMATION

NAME: _____

AGE: _____ BIRTHDAY: _____ MALE FEMALE (circle one)

SCHOOL: _____ GRADE: _____

ADDRESS: _____

HOME PHONE: _____ STUDENT CELL: _____

STUDENT EMAIL: _____

Circle the phone number you
want called for CALLBACKS
(Only one number will be called! Voicemail recommended!)

GUARDIAN INFORMATION

Mother/Guardian 1:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

EMAIL: _____

GUARDIAN INFORMATION

Father/Guardian 2:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

EMAIL: _____

ALL REHEARSALS ARE REQUIRED and attendance at requested public appearances,
unless prior clearance has been granted by Producers. (Parent/Guardian please initial) _____