

Audition Number:

AUDITION FORM
The Sound of Music

Name: _____ Grade: _____

Eye Color: _____ Hair Color: _____ Gender: _____

Height: _____

Role(s) Desired: _____

Is there any role which you will NOT accept? _____

If you are not cast, would you work on stage crew? _____

Previous Experience: (Please list Role – Play/Musical/TV/Film Title)

Please list any Academy, Emmy, Tony, or other performance awards won here:

Training: (Have you taken voice, acting, or dance classes?
List number of years and teacher or studio/school)

Special Skills: (Please check all which you possess)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Work well with children |
| <input type="checkbox"/> Juggling | <input type="checkbox"/> Accents (Which? _____) |
| <input type="checkbox"/> Magic Tricks | <input type="checkbox"/> Play an Instrument (Which? _____) |
| <input type="checkbox"/> Other _____ | |

Conflicts: Please list anything that could interfere with your attendance at rehearsals or performances. Rehearsals are after school Mondays-Thursdays.

DO NOT WRITE BELOW THIS LINE!

Vocal Notes:

Acting Notes: