



Student Name _____ ***Class choice:** T/Th 5:30-7:00 or M/W 4:30-6:00

Grade _____ Age _____ Height _____ Hair Color _____

Parent email address: _____

Parent Phone Number: _____

Previous Theatrical Experience

Play/Musical	Character	Organization

Previous Music/Dance Experience:

Do you take private voice lessons? _____ How Long? _____

Are you in Choir? _____ How long? _____ Vocal Range _____

Special Skills: _____

Dance Experience: _____

I am interested in auditioning for _____ Anything

Attendance is very important for a successful show. Please list any potential conflicts or miss days below:
