



**SUMMER INTENSIVE AUDITION FORM**

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_

Parent email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you applied for a scholarship? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Previous Theatrical Experience**

Play/Musical	Character	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Previous Music/Voice 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

**Note: All students must be OFF BOOK (memorized) on the first day of class.**

No more than 3 absences are allowed. Please list any potential conflicts or miss days below:

\_\_\_\_\_  
\_\_\_\_\_