



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 2 absences are allowed. Please list any potential conflicts or miss days below:

