



SUMMER FAIR 2017
THEATRE PRODUCTION - AUDITION FORM

Name:		Sex:	<input type="checkbox"/> Male
Parent Phone:			<input type="checkbox"/> Female
Parent Email:			
Date of Birth:			

Please list below ALL conflicts you have with the rehearsal schedule or performances. If none write "None".

If Cast will you accept any role? YES NO Are you interested in a specific role? _____

Do you have any acting training? If so, please describe.

Do you have any singing training? Do you play a musical instrument and if so at what level? Do you read music?

Do you have movement or dance training?

Please list other acting experiences or special skills you would like us to know about.