

Do Not Mark in This Box

S:
D:
A:

valley youth theatre

Audition # : _____

Welcome to Auditions!

If this is your first audition it is vital that you understand that, if cast in this production, **you as well as your parents face a substantial commitment through the close of the show.** We want this to be a fun and enjoyable experience for you, but we must stress that it also involves a lot of hard work.

You must check the rehearsal/performance schedule posted and list all conflicts you have with the schedule on the second page of this form. *Thanks, and break a leg!*

PLEASE PRINT CLEARLY!

Production _____ Today's Date _____

Your Name _____

Street Address _____ City _____ Zip _____

Actor's Email Address _____

Parent's Email Address _____

Home Phone # _____ Other Phone # (List Type) _____

Mother or Guardian's Full Name _____

Father or Guardian's Full Name _____

Name and City of School You Attend _____ Grade _____

Drama/Theatre Teacher _____ H.S Grad Year _____

Sex ____ Height ____ Eye Color ____ Hair Color ____ Age ____ Date of Birth ____

Have you auditioned with us before? Yes No

How did you hear about today's audition? _____

Will you accept any part? Yes No If No, what parts will you accept? _____

Please list any health conditions we should know about that could affect your work or participation:

Do you sing? Yes No If yes, have you taken lessons? Yes No

If Yes, for how long? _____ Who did/do you take lessons with? _____

Do you dance? Yes No If yes, have you taken lessons? Yes No

If Yes, for how long? _____ Who did/do you take lessons with? _____

Would you consider serving on the Backstage / Tech Crew? (You must be at least 12) Yes No

Please fill out the reverse side of this form.

School & Extracurricular Activities

Please list ALL ACTIVITIES in which you are currently involved (i.e.; drama, dance, choir, yearbook, speech & debate, sports, etc.).

Theater Experience

List the most recent shows in which you were involved, either on stage or in a tech crew position. (Keep in mind, *experience is not mandatory* in getting cast.) If you have a resume, you may use it in lieu of filling out this section.

NAME OF SHOW AND YEAR OF PRODUCTION	THEATRE/ PRODUCING GROUP	ROLE/TECH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Conflicts

Please be realistic and honest in listing ALL conflicts you have with the rehearsal/performance schedule. If you need to check with parents, family, friends, coaches, teachers, etc. (don't forget school and extracurricular activities!), please do so before the callbacks. If you are invited to callbacks, your conflict list must be complete and will be considered final.

*Note: In order to be considered you **cannot** have conflicts with any tech/dress rehearsals or performances.*

Conflict Date/Time _____ Reason _____

Conflict Date/Time _____ Reason _____

Conflict Date/Time _____ Reason _____

Conflict Date/Time _____ Reason _____

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Conflict Date/Time _____ Reason _____

Conflict Date/Time _____ Reason _____

Conflict Date/Time _____ Reason _____

Return this completed form along with your photo (& resume if you have one) to the sign-in table.