

VILLAGE YOUTH THEATRE

Audition Form

Audition Number:

to be added by production staff

Please read and fill out this form CLEARLY and COMPLETELY. You will turn it in when you register to audition.

ACTOR NAME: _____ **AGE:** _____ **HEIGHT:** _____

GRADE: _____ **SCHOOL:** _____

PARENT/GUARDIAN NAME(S): _____

PRIMARY CONTACT INFORMATION: This is the email address to which all information will be sent (casting notice, rehearsal schedules, costume information, reminders, etc.). Please type or print very clearly.

Name: _____ Email: _____ Phone: _____

ADDITIONAL CONTACT INFORMATION: Only provide if you want calls and emails directed here, as well.

Name: _____ Email: _____ Phone: _____

EXPERIENCE: *You may attach a resume if you have one, but that is optional.*

- Acting: shows (include title, your role, theatre/school name, and performance date), camps, classes
- Singing: choirs, voice lessons, and other relevant vocal music experience
- Dancing: classes, styles of dance, and number of years

SPECIAL SKILLS: gymnastics, juggling, sports, fluency in other languages, puppetry, musical instruments, etc.

Are you auditioning for any specific part(s)? Please list: _____

Will you accept any role? Please check one: yes no

(Please be honest. We understand if you are only interested in a particular role and appreciate you letting us know. Your answer will neither increase nor decrease your chance of being cast in this role. Your honesty is very helpful and respectful to the casting process.)

CONFLICTS: Please review the Preliminary Rehearsal Schedule and list ALL conflicts here.