

#: _____

AUDITION FORM: Schoolhouse Rock

Please fill out ALL the information below

NAME: _____

AGE: _____ GRADE: _____ HEIGHT: _____ HAIR
COLOR: _____

ROLE(S) AUDITIONING FOR: _____

WOULD YOU ACCEPT ANY ROLE (please circle): YES or NO

Previous theatre production experience, roles, and year:

Show Title	Role	Year

Any previous training theatre, dance, or music experience (Please List):

Training	Years Practiced	Teacher or School Name

Other Talents: (gymnastics, tap, musical instruments, accents, stage combat, etc.)

ANY Conflicts with the rehearsal schedule? _____

FOR DIRECTOR'S USE ONLY:

Vocal:	Acting:
	Stage Presence:

CALL BACK: Y N