

Name of Production \_\_\_\_\_

# Audition Form

Please complete and hand in at the check-in table



This space for NDCT use only

# \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M F Height: \_\_\_\_\_ T-Shirt size (circle one): Child XS S M L Adult S M L XL

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Your cell: \_\_\_\_\_ Your e-mail: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

We share contact information within the cast ONLY for carpool and communication reasons.

May we share your information with the cast. YES \_\_\_\_\_ NO \_\_\_\_\_

## Previous Acting / Dancing / Singing / Theatre Experience

Theatre, Vocal, Music experience (Please list below; use back of form if you need more space)

Grade/Year	Play/Show name	Role	Organization/School

Please list if you have DANCE EXPERIENCE/How long have you taken

Tap / \_\_\_\_\_  Ballet / \_\_\_\_\_  Jazz / \_\_\_\_\_  Hip Hop / \_\_\_\_\_

Other Special Talents? (e.g. gymnastics, juggling, play a musical instrument, etc.) \_\_\_\_\_

List any roles/parts you are particularly interested in: \_\_\_\_\_

Would you be open to changing your hair color for a particular role: \_\_\_\_\_

List any roles/parts that you particularly do **not** want: \_\_\_\_\_

Do you know your vocal range? \_\_\_\_\_ If so, what is it?

### Please list any food allergies

Please refer to rehearsal schedule and list **all** conflicts you have between now and the performance dates, and if they are flexible or not (use back of form if you need more space):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us how you heard about auditions?

Member of New Day email list  Facebook  Newspaper  From a Friend, Who? \_\_\_\_\_

Other: \_\_\_\_\_