

Something's Afoot Audition Form

CONTACT INFORMATION

Name: _____ Age: _____ Grade: _____

Email: _____ Phone Number: _____

Parents Name (if under 18): _____

Parent's Email: _____ Phone Number: _____

ACTOR INFORMATION

Height: _____ Voice Type: _____ Special Skills: _____

Desired Roles: _____

Have You Received Any Voice Training? Yes No

Are You Willing to Sing a Solo? Yes No Are You Willing to Dance? Yes No

Past Performing Experience: _____

Why do you want to be in this Show? _____

Please List Any Known Conflicts: _____
