



FOR WWOB USE ONLY

Audition #: _____

Date: _____

Time: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

AGE: _____ HEIGHT: _____ FEET, _____ INCHES HAIR COLOR: _____

IF AUDITIONER IS UNDER 18 YEARS OLD, A PARENT OR GUARDIAN MUST FILL OUT THE INFORMATION BELOW:

PARENT/GUARDIAN NAME: _____

ADDRESS (IF DIFFERENT THAN ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

By signing below, I give my permission for my child to participate in the audition process.

PARENT/GUARDIAN SIGNATURE: _____

Attendance during the production process is very important. Please review the provided tentative rehearsal and performance schedule and list any dates that you have conflicts in the area below (Conflicts during rehearsal schedule may be permitted in a few instances. In most circumstances, performance conflicts cannot be accommodated):

Have you ever sung in a chorus? **YES / NO** Are you able to read music? **YES / NO**

What parts do you sing (bass, baritone, soprano, etc.)? _____

Role(s) you are auditioning for? _____

Will you accept any other role/chorus assignment if cast? **YES / NO**

If not cast in this production, are you interested in working on the backstage crew? **YES / NO**

Are you currently involved in another theatrical production in the area? **YES / NO**

Please list any classes or training you have had (voice lessons, dance classes, etc.): _____

Please use the back of this form to list any productions you have been involved with in the past. Please include show title, role, location and year.