

CCCMT AUDITION FORM

AUDITION NUMBER

NAME _____

GENDER _____

SIZE (Youth S, M, L, XL, Adult S, M, L, XL) _____

HEIGHT _____

AGE _____ GRADE _____

HAIR COLOR _____

I need to carpool with the following people: _____

What musical background do you have?

What dance, gymnastics, or movement background do you have?

Please list any and all previous acting experience (include show and role - use other side if necessary)

Role you're auditioning for (1st choice) _____

2nd choice _____

3rd choice _____

Would you be willing to accept any part for which you may be cast? Yes / No

If no - please list part/s you are interested in and why. (Please use other side if necessary)

Please provide the dates/commitments that will conflict with practices.

For ages 13 and older only:

Are you willing to.....

Dye your hair? Yes / No _____

Cut your hair? Yes / No _____

Perform a stage kiss Yes / No _____

Parent Approval
Please Initial

I am prepared to make a full commitment to this show. If other opportunities or non-emergency commitments arise anytime between now and then that conflict with regular rehearsal or posted performance times, I will fulfill my commitment to this production and decline the other opportunities. It is my job to resolve any conflicts that arise before the rehearsal/performance and to arrive on time each day and every day. I understand the director agrees only to accommodate conflicts that I have listed on this form.

Signature of Actor/Actress

Date

Printed Name of Parent

Signature of Parent