

Name: _____ Year In School: _____

Cell Phone #: _____ Email Address: _____

Major: _____ Minor: _____ Age: _____

Height: _____ Hair Color: _____ Eye Color: _____

If you are auditioning for multiple shows and are willing to participate in more than one this semester, please sign here: _____

Singing Voice (please circle): Soprano Alto Tenor Baritone Bass

Please list any musical instruments you play and your skill level:

Please list any illness or physical limitation you may have:

Please list past dance experience and training here:

Please list past acting experience and training here:

Please fill out the schedule grid below by crossing out times that you are busy each week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30-9:30							
9:30-10:30							
10:30-11:30							
11:30-12:30							
12:30-1:30							
1:30-2:30							
2:30-3:30							
3:30-4:30							
4:30-5:30							
5:30-6:30							
6:30-7:30							
7:30-8:30							
8:30-9:30							
9:30-10:30							

If you have

any conflicts during the rehearsal period please list them here including the day and what the conflict is.