

Name:	Year In School:						
Cell Phone #:	Email Address:						
Major:	Minor:	Age:					
Height: Hair Colo	or: Eye Col	lor:					
If you are auditioning for multiple sh	nows and are willing to par	ticipate in more than one this semester,					
please sign here:							
Singing Voice (please circle): Sopra	ano Alto Tenor Barito	one Bass					
Please list any musical instruments y	ou play and your skill leve	d:					
Please list any illness or physical lim	itation you may have:						
Please list past dance experience and	l training here:						
Please list past acting experience and	l training here:						

Please fill out the schedule grid below by crossing out times that you are busy each week. Rehearsals are typically 6:30-9:30pm Sun-Thurs or 7-10pm Mon-Fri. Each director decides their own schedule.

	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.