

Name:	Year In School:						
Cell Phone #:	Email Address:						
Major:	Minor:	Age:					
Height: Hair Color: _	Eye Color:						
If you are auditioning for multiple show	s and are willing to participate i	n more than one this semester,					
please sign here:							
Singing Voice (please circle): Soprano	Alto Tenor Baritone Ba	SS					
Please list any musical instruments you	play and your skill level:						
Please list any physical limitation you m	ay have:						
Please list past dance experience and tra	ining here:						
Please list past acting experience and tra	ining here:						

	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							

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

If you have any conflicts during the rehearsal period list them, including the day and the type of conflict