

Academy of St. Paul



Attach  
Photo  
Here

AUDITION SIGN-UP FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_

Parent's Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Experience (List other shows you have performed in and the role that you played), acting classes, voice lessons and, if you know it, your voice range: (soprano 1, soprano 2, alto, tenor, base):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dance Training: (List number of years involved in each)

Ballet \_\_\_\_\_ Tap \_\_\_\_\_ Jazz \_\_\_\_\_ Modern \_\_\_\_\_

Would you like to be considered for a particular role? If so, which one:

\_\_\_\_\_

If you are female, would you be willing to play the role of a male character? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other conflicts to the rehearsal schedule? If so, please let us know on the line below:

**PLEASE BRING THIS COMPLETED SHEET WITH YOU TO THE AUDITION**