

DOGWOOD SUMMER YOUTH THEATER

AUDITION FORM

Name: _____

Age: _____ Height: _____

Email Address: _____

Home Telephone Number: (_____) _____

Cellular Telephone Number: (_____) _____

Street Address: _____

City: _____ Zip: _____

Relevant performance experience, if any: _____

List all conflicts that you might have during the rehearsal period (*Be specific with dates and times. Include work, school, vacations, extracurricular activities, etc.*): _____

Please circle the type of role that you will accept (circle all that apply):

LARGE MEDIUM SMALL NON-SPEAKING

How did you hear about auditions? _____

Adults and older students: If not cast, would you be interested in working crew for the show? YES NO

IF under 18...

Parent/Guardian Names: _____

Parent's email and phone number (*if different from above*): _____

Name of school currently attending: _____

Grade: _____