

# Audition Information for \_\_\_\_\_ Company

Name (please print): \_\_\_\_\_ Height: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Birthday (include year): \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Primary Contact Person** (where applicable): Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Chronic Medical Conditions: (eg. Asthma, Seizures) \_\_\_\_\_

What role are you auditioning for (please see postings if you don't know the roles):  
\_\_\_\_\_

## **Availability:**

- Monday 6pm-9pm                       Saturday 9am-11am                       Saturday 11:15am-2:15pm  
 Wednesday 6pm-9pm                       Friday 6pm-9pm

\* Please keep in mind all age groups have a set day for rehearsal but we need to know your availability for all the above days. You will not be required to be there every one of the days you check off. This just helps us with scheduling the smaller groups and leads.

Preferred style of dance: \_\_\_\_\_

Previous experiences: \_\_\_\_\_

**How can we help?** (Must check at least one box). A detailed list of duties is available on a separate form.

- Costumes                       Set construction                       Volunteer Co-ordinator                       Makeup/Hair  
 Fundraising                       School Show Promo                       Backstage                       Gala Committee  
 Cleaning                       Marketing Committee                       Building Maintenance                       Props

A representative will be in contact regarding your above selections. Every member or parent is responsible for donating a minimum of 10 hours of volunteer time.

## **How did you hear about us?**

- Newspaper                       Radio                       Internet                       Poster  
 Performances Seen: \_\_\_\_\_  Other: \_\_\_\_\_