

# AUDITION FORM

Please print legibly.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

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

Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Cellular Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Child's Cellular Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

Relevant performance experience, if any (theatre, dance, vocal, musical instrument, etc.): \_\_\_\_\_

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

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

GAVROCHE (boy)    LITTLE COSETTE (girl)    YOUNG EPONINE (girl)    NON-SPEAKING STREET URCHIN (boy or girl)

How did you hear about the auditions? \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parents' email address, if different from above: \_\_\_\_\_

Name of school currently attending: \_\_\_\_\_

Grade: \_\_\_\_\_