



# AUDITION SHEET

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

Parents' Name(s): \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ PLEASE **PRINT CLEARLY!**

Parent's Email Address: \_\_\_\_\_ PRINT CLEARLY!

**Past performance experience:** Include plays, musicals, choir, dance, etc. USE BACK IF MORE SPACE NEEDED

Show	Role	Year	Sponsoring Organization

Rehearsals for *The Sound of Music* will take place between July 17—July 31, with performances on August 1, 2 and 3. YOU MUST BE AT ALL REHEARSALS AND PERFORMANCES. **No Exceptions, sorry.** Please sign below if you agree to this.

Yes, I understand and agree: \_\_\_\_\_, Student

Yes, I understand and agree: \_\_\_\_\_, parent/guardian

\*The fee for this program is \$125 per student, which includes private and small group voice lessons, dance and acting coaching. There may be some partial scholarships available.