



AUDITION SHEET

Please Attach
Photo

Name: _____

Current Grade in School (2025-2026) _____

Parents' Name(s): _____

Address: _____

Phone: Cell _____ Home _____ Work _____

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

Are you auditioning for a SPECIFIC part or character role? Yes No (circle one)

If YES, please list which character role(s) you hope to be considered for:

Are you willing to accept ANY part or character role including ensemble? Yes No (circle one)

IMPORTANT: Rehearsals for **Frozen KIDS** will take place on morning weekdays between June 11-30, with performances in the evenings on June 30-July 2, 2026. *Because of our short rehearsal schedule, no absences for other activities allowed.

*I understand I MUST BE AT ALL REHEARSALS AND PERFORMANCES. **Absolutely No Exceptions.***

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 large and small group voice, dance and acting coaching. There are a limited number of partial scholarships available, due by April 15, 2026. For application information, go to www.trfact.org