

# WOODSTOCK MUSICAL THEATRE COMPANY

## AUDITION FORM

ADULT / CHILD

PLEASE PRINT - USE PEN

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male [ ] Female [ ]

Street Address: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_

Part(s) you are auditioning for: \_\_\_\_\_

Will you accept another part if not cast in the role you want? Yes [ ] No [ ] Maybe [ ]

Please list all dates you CANNOT attend Rehearsals: \_\_\_\_\_

Voice Category (if you know it): Soprano [ ] Mezzo [ ] Alto [ ] Tenor [ ] Baritone [ ] Bass [ ]

Vocal Range (if you know it): \_\_\_\_\_ Training: Vocal [ ] Dance [ ] Acting [ ] Instrument [ ] \_\_\_\_\_

Other Training: \_\_\_\_\_

Choral Group: Church [ ] School [ ] Other \_\_\_\_\_

Please List Previous On-Stage Experience or Attach Resume:

PRODUCTION	ROLE	WHERE	WHEN

How Long in Theatre: \_\_\_\_\_ High School [ ] College [ ] Community [ ] Other \_\_\_\_\_

How did you hear of Audition? Website [ ] Newspaper [ ] Friend [ ] Other \_\_\_\_\_

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BELOW TO BE FILLED OUT AND SIGNED BY PARENT FOR CHILDREN AUDITIONEES ONLY:

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Signature: \_\_\_\_\_

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STAFF CHECK LIST: Acting [ ] Vocal [ ] Dance [ ] CB [ ]