

Audition Form - Artistocats Kids 2011-2012

Directions: Complete this form.

Paste/Tape
Student's
PICTURE
Here

Print Actor's Name (First) _____ (Last) _____

Grade: _____

Circle your gender: Boy Girl

Circle: If you are a girl, would you be willing to play a boy? No Yes

Student Information

School _____ Teacher _____ Room # _____

Home Phone: _____ Parent Cell: _____ Parent E-Mail _____

Age _____ Height _____ Names of siblings auditioning _____

Type of Role Interested In – Check all that apply!

Chorus _____ Small role _____ Medium role _____ Lead Role, singing solo required _____

Would you like a speaking part if you were chosen for one? Circle: YES NO

Are you interested in a singing solo? Circle: YES NO

Foreign Accent – Check all that you can do!

British _____ German _____ French _____ Other (list) _____

Previous Roles

Have you been in previous plays with a role? What were they, and what was your part?

Skills – Circle all special skills you have!

hula-hooping, cartwheels, whistling, handstand, walking on hands, skateboarding, scootering, pogosticking, unicycling, juggling, basketball tricks, soccer tricks, Other?

Dancing – Circle or write in the dance skills you have!

tap dancing, jazz dancing, ballet,

Instrument

If you play an instrument, what is it, and could you perform on stage?

Director's Section

Part Considerations:

Part(s) Assigned:

Audition Tape # _____

Audition Time _____ Audition Date _____