Frozen **Audition Form**

YOUR PREFERRED CONTACT INFO:

Full Name: _____

Mailing address: _____

City, State, Zip: _____

Home Phone: _____Cell Phone: _____

E-mail address: _____

Parent or Guardian Info:

Name/Relationship: _____

Home Phone: _____Cell Phone: _____

E-mail address: _____

Previous theatre experience: _____

_____

_____

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_____

Special skills or Talents (dancing (tap?), singing, musical instrument (piano, guitar?), tumbling, etc.):

_____

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_____

Do you have any one-time scheduling conflicts between now and opening night performance?

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Recurring Weekly Conflicts:

Fall Semester

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3:30-4:30							
4:30-5:30							
5:30-6:30							
6:30-7:30							
7:30-8:30							