



MUSIC MAN AUDITION FORM

No. _____

Name: _____ Age: _____ Preferred Pronouns: _____

Email: _____ Height: _____

Cell Phone: () _____ Hair Color: _____

Best time to call: _____ Eye Color: _____

Parent (if under 18): _____

Vocal Part: _____
(e.g soprano, alto, tenor, bass – high or low)

Parent Email: _____

Parent Cell Phone: () _____

Roles you are interested in: _____

Are you willing to accept any role? (YES / NO)

If you do not get a speaking role are you willing to be in the show? (YES / NO)

CONFLICTS (specific set dates and times during the week you are unavailable)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Are you interested in working on stage crew, props, or costumes? (Please circle)

Where did you hear about this audition? _____

PLEASE LIST PRIOR EXPERIENCE ON BACK OF FORM (or attach resume). Include voice, dance, acting training, and theatrical experience.

PRINT THIS FORM, COMPLETE IT, AND BRING IT WITH YOU TO YOUR MUSIC AUDITION