

Young Artisan Workshop Audition Form

Name: _____

School/ Grade: _____ Age: _____ Height: _____ Weight: _____

Home Phone: _____ Cell: _____

Email: _____ Email: _____

Address: _____

Parent's name and Cell #: _____

Do you have previous theatre experience? : (please circle) YES or NO If yes, please list your most recent shows

1. _____

Role: _____ Where: _____

2. _____

Role: _____ Where: _____

3. _____

Role: _____ Where: _____

Special skills or Talents: _____

Would you accept any role given to you? (please circle) YES or NO If no, please specify which role (s) you are solely interested in:

Would you be willing to help on stage crew? If yes, please circle which area (s) LIGHTS SOUND COSTUME SET PROPS

Please provide a detailed list of all conflicts between now and opening night performance? (Rehearsal are Mon-Thur 6:30pm-8:30pm beginning June 9th.)

Anything else the Director should know about? _____

Measurements:

Director's notes:

V M
E D

