



Audition # _____ Call Back _____ Role / Part Cast _____

-----**(Please DO NOT write above this line)**-----

STUDENT INFORMATION

Student Name: _____

What song will you be singing? _____

What monologue will you be doing?: _____

Current Age: _____ **Date of Birth:** _____ **Height:** ___ ft. ___ in. **Hair Color:** _____ **Male / Female:** __

Phone # to call for Call Backs:

Parent Names (First and Last):

Complete Mailing Address:

Parent & Student E-mail addresses:

Present School Attending:

Other performance skills/talents (tap, ballet, gymnastics, etc.):

List all scheduling conflicts and previous commitments that will interfere with published rehearsals and performances (Must provide specific dates and times):

Have you ever auditioned for an Ao1 Production?:

How many Ao1 Production have you been cast in and what were they?: _____

List other productions & roles you have performed in: _____

****Please specify any medical conditions and/or allergies that Ao1 should be aware of:** _____

****Please specify any special needs or medications that your student requires:** _____

Have you participated in any audition prep lessons for this audition? If so, from whom?: _____

Child's Name _____

Production Auditioning for: _____

PLEASE REMEMBER, NO REFUNDS ARE GIVEN AFTER AUDITION



..... (Please DO NOT write below this line)

Director's Comments / Feedback:

