

MUSICAL AUDITION FORM

NAME: _____ HEIGHT _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EXPERIENCE

Production	Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part(s) for which you'd like to be considered: _____

CONFLICTS: List below the regular conflicts that would affect your attendance at practice:

	MON	TUES	WED	THURS	FRI	SAT
Evenings	_____	_____	_____	_____	_____	_____

Is there anything else the director(s) should know about conflicts: trips, weddings, etc?

(OFFICE USE ONLY)

Vocals		Range: _____				
Rhythm	_____					
Intonation	_____					
Harmony	_____					
Resonance	_____					
Style	_____					

Acting						
Inflection	1	2	3	4	5	
Volume	1	2	3	4	5	
Dancing	1	2	3	4	5	