## Audition Form Acting / Tech

NAME: Address:		Cell Phon	Cell Phone:		
		Birthdate			
Height:	Natural Hair Co	lor:	_ <b>Grade</b> : 9 <sup>th</sup> 10 <sup>th</sup> (Please circle		
you may be asked to co	cut or change your hair color witho olor it to a natural color. Dependin nair color or style to what your cha	g on the nature of the s	If your hair is colored ar	n unnatural color,	
T- Shirt size:	Pant size: D	ress size (girls)	Shoe size		
Student Personal	Email:			-	
In case of an eme	rgency, please contact:				
		(Name and cell phone			
Which roles or po	sitions are you auditionin	g for?			
-	•				
List Acting Exper	ience:				
List Tochnical The	natra Evnorionea:				
List recimical file	eatre Experience:				
2nd Period Class	? Who	o is your teacher?	•	_RM:	
Will you accept a	ny role, even alternate or a	as a technician? Y	'es No		
ON THE BACK OF	THIS FORM PLEASE LIS	T ALL KNOWN AI	ND POTENTIAL CO	ONFLICTS	
	MMFNTS:				

## **CONFLICTS**

Please list ALL extracurricular activities or clubs that you are involved in after school:  Please list ALL known and potential conflicts.					

STUDENT OR PARENT/GUARDIAN COMMENTS: