



Seussical Jr.

Date: _____

Name: _____

Mailing Address: _____

City: _____ State/ZIP: _____

Parent's Phone# _____ Evenings: _____

Parent's Email Address: _____

Formal Training (acting, voice, dance, technical, gymnastics, other)

Past Experience (name of show, part played, when, where, *(continue on back of this page if needed)*)

Height: _____ Age: _____ Gender: _____

Part or parts auditioning for: _____

Will you take another role, if offered? Y N

Rehearsal conflict dates: Circle if any

Aug. 19(parent meeting and rehearsal) 21 26 28

Sept. 2 4 9 11 16 18 23 25 30

Oct. 2 7 9 14 16 21 23 28 30

Dress: Nov. 3 4 5 Shows: Nov. 7 8 14 15

DIRECTOR'S COMMENTS (Do not write below this line)