Audition Form
Acting / Tech

NAME _____ Cell Phone: _____

Address: _____ Birthdate: _____

Height: _____ Natural Hair Color: _____ **Grade**: 9th 10th 11th 12th
(Please circle)

If cast, you **should not cut or change your hair color without asking the director.** If your hair is colored an unnatural color, you *may* be asked to color it to a natural color.

T- Shirt Size: _____ **School ID**_____

School Email: _____**@decaturisd.us** **Personal Email:** _____

Vocal Range: (please circle) ALT SOP TEN BAR BASS I don't know

List Acting Experience: _____

_____

List Singing Experience: _____

_____

List Dance styles/and or Experience: _____

_____

List Technical Theatre Experience: _____

_____

Which roles, or tech positions, are you auditioning for? _____

_____

2nd Period Class? _____ **Who is your teacher?** _____ **RM**: _____

When is your lunch? (A, B, C Lunch) _____

Will you accept any role, even as ensemble or as a technician? Yes_____ No _____

ON THE BACK OF THIS FORM PLEASE LIST ALL KNOWN AND POTENTIAL CONFLICTS

DIRECTOR(S) COMMENTS:



CONFLICTS

Please list ALL extracurricular activities or events that you are involved in after school and list the days and meeting times down below.

_____

_____

Please list ALL known and potential conflicts

Date	**Activity**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT OR PARENT/GUARDIAN COMMENTS: