

**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

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STUDENT OR PARENT/GUARDIAN COMMENTS: