

# Southington High School Drama Club Audition Form

Name:\_\_\_\_\_Grade:\_\_\_\_\_

Pronouns:\_\_\_\_\_

Actor Email:\_\_\_\_\_

Parent/guardian email: \_\_\_\_\_

Roles you are auditioning for:

Regarding character genders, is there anything that you would not be comfortable with? (ex. Asked to play a specific gender, etc.)

ALL possible conflicts:

Parent/guardian name & signature confirming known conflicts:

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(name) (signature)