



The Sound of Music Audition Form

Personal Information

- **Full Name:** _____
- **Age:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Address:** _____

If under the age of 18:

- **Parent/Guardian Contact Name:** _____
- **Parent/Guardian Contact Phone Number:** _____

Roles Auditioning For:

1. _____
2. _____
3. _____

Are you willing to play a different role?

Are you interested in singing in the chorus?

Theatrical Experience

- **Have you been in any stage productions before?**
- **If yes, please list your three most recent roles and productions:**

Role: _____ Production: _____ Year: _____

Role: _____ Production: _____ Year: _____

Role: _____ Production: _____ Year: _____

Voice Part (if known)

Dance Experience

- **Do you have any dance experience?**
- **If yes, please describe briefly:**

Availability (you will not be called on days you are not needed)

- **Are you available for all musical rehearsal dates (October 13, 20, 27 & November 3, 10, 17 2024 @ 2:00 - 5:00)?**
- **Are you available for all rehearsal dates (January - February Sunday 1:00-5:00, Thursday 6:00-9:00), tech weeks (February 9–13, February 16–20)?**
- **Are you available for all performance dates (February 21–23, February 26, February 28 – March 2)?**
- **If you answered ‘no’ to any of the above questions, please list any conflicts:**

Additional Information

- **Do you play any musical instruments?**
- **If yes, please list and indicate experience level:**

- **Do you have any special skills or talents (e.g., acrobatics, juggling, etc.)?**
- **If yes, please list:**

- **Is there anything else you'd like us to know?**

I hereby confirm that the information provided above is accurate and complete to the best of my knowledge. I consent to having my (or my child's) photos used in promotional material for the performance.

Signature: _____ Date: _____