



TUSCALOOSA CHILDREN'S THEATRE No. _____ Audition Form

Audition Monologue: _____

Audition Song: _____

Name: _____ Age: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

School: _____ Grade: _____ E-mail: _____

Mother's E-mail: _____ Father's E-mail: _____

Hair Color: _____ Eye Color: _____ Weight: _____ Height: _____

Dress/Suit Size: _____ Shoe Size: _____ T-shirt size: (Youth or Adult, S-XXL) _____

Are you interested in a specific role? Y / N _____ Specify: _____

Will you accept any other role? Y / N _____

If not cast, are there other areas of production in which you would be interested in participating?

Give a brief list of past stage experience and training: _____

IMPORTANT: List all regularly occurring conflicts and prior commitments. Be thorough as NO conflicts will be accepted after casting. _____

Vocal Range: _____ (Soprano, Alto, Tenor, Bass)

Dance Training: *(Please indicate Yes/No and how long.)*

Tap: _____ Jazz: _____ Ballet: _____

Do Not Write Below This Line

Monologue 1 2 3 4 5 _____

Song 1 2 3 4 5 _____

Dance 1 2 3 4 5 _____

Staff Notes (Con., Relat., etc.) _____
