



Rehearsals start Tuesday, April 12<sup>th</sup> at 7:00pm

First Read-Through with Entire Company: Tuesday, April 12<sup>th</sup> at 7:00pm

Regular Rehearsal Schedule: Mon-Thurs 6:30-9:00/some Saturdays

Performance Dates: June 2<sup>th</sup> -4<sup>th</sup> / June 8<sup>th</sup> -12<sup>th</sup>

Please list ALL conflicts on the back of this form.

## Youth Audition Form (ages 8-16)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (currently): \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Voice Type: **High**                      **Low**                      **Not Sure**

Height: \_\_\_\_\_

Please list any previous theatre, singing, dance experience or instruction, and any special talents:

Role	Show	Theater/School

Dance/Singing: \_\_\_\_\_

Special Talents: \_\_\_\_\_

Roles Auditioning for (Circle all that apply):

**Oliver**                      **Artful Dodger**                      **Bet**                      **Ensemble**

I will accept any role I am offered. \_\_\_\_\_ I will ONLY accept one of the roles circled. \_\_\_\_\_

Director's Notes (please leave blank):