

**ACT! for Youth** \_\_\_\_\_ **Auditions** – \_\_\_\_\_ **Staple Photo**  
 (name of show) (date)  
 Performance dates – \_\_\_\_\_

**Audition #** \_\_\_\_\_ (leave this blank)

**PLEASE PRINT**

**Personal Information**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Height** \_\_\_\_\_ **Eye Color** \_\_\_\_\_ **Hair Color** \_\_\_\_\_

Is this your first ACT! for Youth show? \_\_\_\_\_

School you attend: \_\_\_\_\_ Grade Level \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

Has your email changed since the last show? Yes No

What is the best way to reach you? Email Cell Phone

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

Employer: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

1. What role are you auditioning for? (specific character or chorus) \_\_\_\_\_

2. Voice part: Soprano \_\_\_\_\_ Alto \_\_\_\_\_ Tenor \_\_\_\_\_ Bass \_\_\_\_\_

3. Are you willing to accept any role?(circle) Yes No

4. If not cast, are you willing to accept a technical position? Yes No

If so, what positions are you most interested in? Please number the top three.

\_\_Set Construction \_\_Lights \_\_Sound

\_\_Props \_\_Running Crew

\_\_Costumes \_\_Makeup/Hair

5. Fill in your weekly schedule on the chart below. Be sure to mark **ALL** of the times you are **NOT** available on a regular, weekly basis. (example: dance, voice, piano, tennis, scouts, etc.)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4-5 PM						
5-6 PM						
6-7 PM						
7-8 PM						
8-9 PM						

6. Please list the dates and times of any special events that might cause you to miss a rehearsal. (Weddings, school events, church events, etc.)

7. Please attach your theatre resume. If you do not have a resume, please list your three most recent shows.

Name of Show	Role	Theatre	Date

Did you have the lead role in any of the shows listed above? If so, please list the show and the lead role you were cast in: \_\_\_\_\_

\_\_\_\_\_

8. Please list any performance activities you have been involved in outside of theater such as church or school dramas, choir, twirling, dance, etc.: \_\_\_\_\_

\_\_\_\_\_

9. Audition Experience:

Name of Show(s)

Cast or Not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MANDATORY PARENT MEETING/Read thru Saturday after Casting 9am-noon**

**AGREEMENT:**

I understand that any production will take many hours of work. I understand that leading or larger roles will require more rehearsal time. I am dedicated enough to attend all rehearsals and put 100 percent into my character, no matter how big or small the role. I agree to respect all staff, crew and cast members.

**Cast/Crew Member** \_\_\_\_\_ **Date** \_\_\_\_\_