

AUDITION APPLICATION: JOHNNY APPLESEED CHILDREN'S THEATRE 2016

NAME (Last) _____ (First) _____

IF APPLICANT IS UNDER AGE 18, PARENT MUST SIGN HERE: _____

I WOULD LIKE TO BE CONSIDERED FOR ROLES IN:

_____ **Oh Jack!** Role Preferred: _____

_____ **Enchanted Sleeping Beauty** Role Preferred: _____

_____ **Looking Glass Land** Role Preferred: _____

___ CONTACT INFORMATION/RESUME ATTACHED

_____ HEAD SHOT ATTACHED _____ HEAD SHOT WILL BE PROVIDED AT READ THRU

****Scheduled vacation dates**** (Necessary for rehearsal schedule purposes.)

Days and Times you are unavailable for rehearsal: _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

PHONE: (Please provide the 2 best numbers in which to reach you)

_____ or _____

AGE: _____ BIRTH DATE: _____ HAIR COLOR: _____ HEIGHT _____

SCHOOL/DISTRICT: _____ GRADE: _____

VOCAL RANGE: _____

AUDITION SONG: _____

THEATRE EXPERIENCE

Role	Play	Company/School	Year

TRAINING

School	Type of Training	Duration