AUDITION FORM

| #

PLEASE ATTACH PICTURE/RESUME

Comments:

Desert Theatricals Jr.

CHILD's NAME:		
ADDRESS:	CITY:	ZIP:
PARENT PHONE (CELL):	OTHER:	
PARENT EMAIL:*All information is for internal use and kept confi	dential	
Birthdate: HEIGHT:		
Auditioning for the role(s) of:	in:	Accept any role: Y / N
I have reviewed the rehearsal schedules and understand no conflicts will be accepted (sign below)		
Parent Name	_ Signature	
Parents – Please circle where you are willing to assist	t: Costumes Sets Techni	cal
PRODUCTION TEAM USE ONLY		
Vocals: S MZ A T BR BS	1 2 3 4 5 A B C	;
Dance: CALL BACK ROLES:		
CAST Role:		