



158 E. Chubbuck Road
Chubbuck, ID 83202
Box Office 238-8001

<u>AUDITION REGISTRATION FORM</u>

Print Show Name

Date of Audition

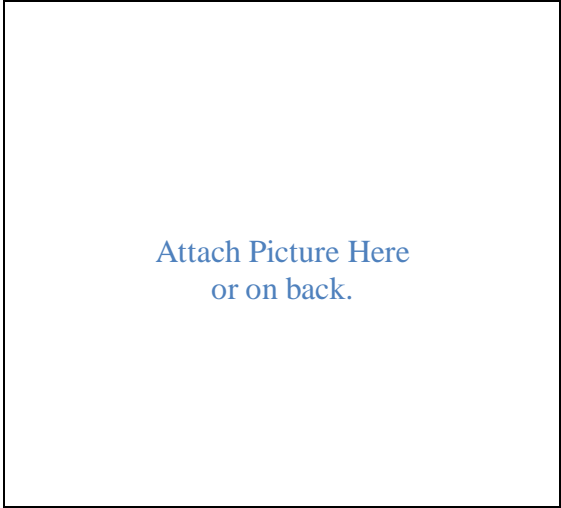
Time of Audition

Name _____ Height _____ Age _____

Name of Guardian if Under 18
Address: _____

Home Phone: _____
Cell Phone: _____
Message Phone: _____

Email: _____



Name of nearest relative not living with you, and their relationship to you. Phone Number _____

PERFORMANCE HISTORY: (for all experience, please list name of show, and roll played on back of form)
 No Experience Comments: _____
 1-3 Shows _____
 3-5 Shows _____
 More than 5 Shows _____

TRAINING: (Please check all that apply and give specifics, including length of training and where training was conducted, on the back of this form)
 Voice Instrument – type _____
 Variety Arts Dance – type _____
 Acting Other _____

Vocal Range _____

Desired Part or Position: First Choice: _____
Second Choice: _____
Will you accept an alternate part if offered to you? Y_____ N_____

Availability – Please describe anticipated conflicts and dates on back if needed: (you may be replaced if all conflicts are not disclosed)

A detailed rehearsal and performance schedule will be handed out after the first week of rehearsals.

I agree to participate in all rehearsals, performances and publicity events as they pertain to this production.

Signature

Signature of Guardian if under 18