

Center Stage Players Audition Form

Name: _____

Age: _____

School: _____

Current Grade: _____

E-mail: _____

Parent's Email: _____ Phone: (____) _____ - _____

Vocal Part / Range: _____ Can you read music? _____

List favorite roles (at least 2) that you have been cast as.

<u>Show</u>	<u>Role</u>	<u>Theater</u>
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How comfortable are you in singing harmonies?

Not at all

Very little

Somewhat

Extremely

Is there any specific role(s) in this production that you would like to be considered for? Why?

Would you accept any role? _____

Please list all conflicts between today and show date.