

East Hartford Summer Youth Festival Audition Sheet

Date: _____

Name: _____

Preferred pronouns: _____

Age: _____ Email Address: _____

Phone #: Cell _____ Home _____ Work _____

Address: _____

Parent/Guardian Information: (Please fill out if child is under 16)

Name: _____

Relationship: _____

Phone #: Cell _____ Home _____ Work _____

How did you hear about auditions? _____

Role Desired: *Please Circle one*

Major

Minor

Ensemble

Backstage

Specific Role(s): _____

If you do not receive the role you audition for, will you consider another role? Yes No

Would you consider being part of the Ensemble? Yes No

1.) List any training in (a) Music (b) Voice (c) Dance

2.) Previous onstage theater experience (Please include the theater group names and the roles)

3.) List any conflicts you may have with rehearsals (vacations, etc): _____

What committee would you and your family like to serve on? *Please check all that apply*

Props _____

Scenery _____

Tickets _____

Program _____

Make-up _____

Costumes _____

House/Concessions _____

Cast Party _____

Backstage Monitoring _____