

Attach Photo Here

CMS MUSICAL AUDITION FORM

Group # _____ **Audition #** _____

NAME _____ AGE _____

ADDRESS _____

HEIGHT _____ GRADE _____ EMAIL ADDRESS _____

PARENTS' NAMES _____

HOME PHONE _____ WORK PHONE _____

PARENTS' EMAIL ADDRESS (If different from email address above) _____

EMERGENCY CONTACT _____

EMERGENCY PHONE _____ ADVISORY TEACHER _____

I AM AUDITIONING FOR (check all that apply)

____ LEAD ____ ENSEMBLE ____ STAGE CREW

PLEASE DESCRIBE ANY PERFORMAING, SINGING, AND/OR DANCING EXPERIENCE (INCLUDING LESSONS) THAT YOU HAVE HAD:

PLEASE DESCRIBE ANY SPECIAL TALENTS (SUCH AS GYMNASTICS, MUSICAL INSTRUMENT, JUGGLING, BATON TWIRLING, ETC):

LIST ALL CONFLICTS THAT YOU ARE OR WILL BE INVOLVED WITH DURING THE MONTHS OF REHEARSALS AND SHOWS (ex. Tue 4-5 tap class: Mon & Wed 5-8 pm soccer practice, dance competitions, weddings, parties, etc. – Think ahead to spring)

MON _____ TUE _____

WED _____ THU _____

FRI _____ SAT _____

OTHER:
