

Kidz Musical Theatre Audition Form

(Please fill out and bring to audition)
(One form per child)

Staple Photo Here

Full Name_____

Age_____ Birthdate_____

Male or Female_____

Parent/Guardian_____

Address_____ City_____

Email Address_____

Home Phone_____ Cell Phone_____

T-Shirt Size (circle one) YXS YS YM YL YXL AS AM AL AXL

Experience:

Dance_____

Music_____

Acting_____

Other Skills_____

Conflicts_____

Why do you want to be involved in the musical theatre workshop?
