

# MSCT AUDITION FORM

## Little Shop of Horrors – November 18-21, 2021

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

ROLE YOU ARE AUDITIONING FOR: \_\_\_\_\_

Would you accept another role? \_\_\_\_\_

PARENT(S) NAMES & CELL PHONE \_\_\_\_\_

Parent email \_\_\_\_\_

Rehearsal Conflicts: (Use back of page if necessary)

Performance Conflicts: (Use back of page if necessary)

**PERFORMANCE EXPERIENCE: Please list previous show experience or attach resume to back:**

Name of Show	Where Was It?	When?

**DANCE EXPERIENCE**

	Years of Lessons/Training	Where?
Jazz		
Tap		
Ballet		

Is this the first time you have auditioned at Main Stage Community Theatre? (Formerly MSYT)  yes  no

Check your vocal range  soprano  alto  tenor  baritone  bass

Whether or not you are cast, are you willing to help set up and break down scenery and lighting equipment during performances or work backstage?  yes  no

Do you have any special skills or talents you would like to mention? \_\_\_\_\_

\_\_\_\_\_