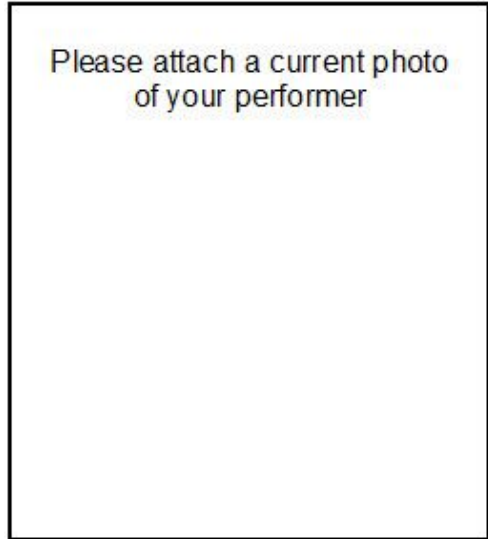


# Urinetown 2019 Audition Form

Performer Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Completed: \_\_\_\_\_  
Medical/Allergies: \_\_\_\_\_



## Primary Contact

(this is who we will email regarding scheduling etc)

Parent/Guardian Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Secondary Contact

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Musical Experience: please tell us about instruments you play, lessons you've taken, teachers you've studied under, favourite bands, favourite musicals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle your voice type:      Soprano   Alto   Tenor   Bass   Unsure

2. Movement Experience: please tell us what sports you play, what styles of dance you study, where you attend classes, what your favourite sport or style of dance is. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Acting Experience: please tell us about the 3 most recent shows or classes you've been in.

Show/Class Name	Year	Company	Role

4. Do you have any other special skills or talents? \_\_\_\_\_

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5. Please list ALL Dates between Mon, Aug 19 and Sun, Oct 27 that you are not available:

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6. Please all weekly scheduled classes/lessons/sports you have starting Sept 1:

Mondays \_\_\_\_\_

Tuesdays \_\_\_\_\_

Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_

Fridays \_\_\_\_\_

Saturdays \_\_\_\_\_

Sundays \_\_\_\_\_

7. What's Your Superpower? \_\_\_\_\_

Director's Notes: \_\_\_\_\_

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