

ELFBC THEATRE AUDITION APPLICATION FORM

PLEASE PRINT CLEARLY:

NAME _____ MALE ____ FEMALE ____

Date of Birth: _____ Age: _____

ADDRESS _____

PHONE #: HOME: _____ CELL: _____

EMAIL: _____

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PARENTS'/GUARDIANS' NAME(S) (If under the age of 18)

PARENTS'/GUARDIANS' Contact information (If under the age of 18)

ADDRESS _____

PHONE #: HOME: _____ CELL: _____

EMAIL: _____

**SIGNATURE of Parent or Guardian stating minor has permission to
participate in this production:**

X _____

For Directors Use:

Audition # _____

Cold Read _____ **Vocal** _____ **Dancing** _____

Cast As _____ **Cast As** _____

VOCAL RANGE: ___SOPRANO ___ALTO ___TENOR ___BARI/BASS
___DON'T KNOW

HEIGHT:_____ WEIGHT_____ HAIR COLOR_____
EYE COLOR_____

PANT/SKIRT SIZE_____ SHIRT SIZE_____
DRESS (LADIES)_____
JACKET(MEN)_____ SHOE SIZE_____

Are you comfortable singing: YES NO

Solo? YES NO Harmony? YES NO In a chorus? YES NO

Do you have any Dance experience: YES NO

If yes, explain_____

Do you have any tumbling experience: YES NO

If yes, explain_____

Desired Role(s):

_____I will ONLY accept the role(s) I have listed.

_____I am interested in the parts listed, but will accept any role
including ensemble.

_____I am ONLY interested in an ensemble supporting part.

RESUMÉ OF THEATRICAL EXPERIENCE:

<i>Production</i>	<i>Role/Crew</i>	<i>School / Theatre / Film</i>	<i>Dates</i>

THEATRE CLASSES/WORKSHOPS:

SINGING CLASSES/WORKSHOPS:

DANCE CLASSES/WORKSHOPS:

OTHER TALENTS AND ABILITIES: