

#: _____

AUDITION FORM: West Side Story

Please fill out ALL the information below and attach a current headshot and resume if you have one.

NAME: _____

EMAIL: _____

AGE: _____ GRADE: _____ SCHOOL: _____

ROLE(S) AUDITIONING FOR:

WOULD YOU ACCEPT A ROLE IN THE ENSEMBLE? (Please circle): YES or NO

ARE YOU COMFORTABLE ACCEPTING A ROLE WHOSE ETHNICITY WAS
ORIGINALLY INTENDED TO BE ONE OTHER THAN YOUR OWN?

(Please circle): YES or NO

Previous theatre production experience, roles, and year:

Show Title	Role	Year
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Any previous training theatre, dance, or music experience (please List):

Training	Years Practiced	Teacher or School Name
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Other Talents: (gymnastics, tap, musical instruments, accents, stage combat, etc.)

CONFLICTS

Please list any conflicts during the rehearsal periods of 1/18/23 – 3/26/23
(We typically rehearse on Sunday, Tuesday, and Thursday afternoons)