

Day

Audition form for
"The Wizard of Oz"

Photo #

(PLEASE PRINT VERY CLEARLY)

First Name _____ Last Name _____

Age _____ Height _____ Phone # _____ (circle one) home / cell / other

Address _____ City _____ Zip _____

E-mail _____

If under 16, Parent First Name _____ Last Name _____

Parent Phone No. _____ Email _____

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Are you interested in a particular role in "The Wizard of Oz"? (if not, write "any") Roles will be cast age appropriately.

How did you find out about auditions? _____

Briefly list any stage experience and/or professional instruction you have received in theater, dance, singing or performance:

Briefly list other talents that may be relevant to performance or musical experience:

We MUST be aware of any conflicts NOW. No other absences are permitted!

REHEARSAL / PERFORMANCE SCHEDULE

Rehearsals: July 21, 22, 23, 24, 28, 29, 30, 31, August 4, 5, 7, 11, 12, 13, 14, 18, 19

All rehearsals will run from 1:00 to 4:00pm for children, 6:30 to 9:00pm for adults

Performances: Evenings August 20, 21, 22, 23 Daytime August 23, 24

(list any conflicts below)

Thank You for auditioning!