

Acting Up Auditions 2015-2016

No. _____

****PLEASE PRINT CLEARLY****

Full LEGAL Name: _____ Age: _____ Birthdate: _____ Gender: M F

Grade for 2014-2015: _____ High School: _____ Vocal Range: S A I B

Email: _____

Home Phone: _____ Cell Phone: _____ Texts: YES NO

Parent Name: _____

Parents Email: _____ Parents Cell Phone: _____

Audition song #1: _____

Audition song #2 : _____

Monologue: _____

Experience:

How did you hear about Acting Up !

Why do you want to be in Acting Up !

Known Conflicts:

