

EL CAMPANIL CHILDREN'S THEATRE AUDITION FORM – PLEASE PRINT CLEARLY

Actor Name: _____

Play: _____

Age: _____

Height: _____

Hair Color: _____

Address: _____

City: _____

Zip Code: _____

Actor Email: _____

Home Phone: _____

Actor Cell: _____

Guardian Name: _____

Guardian Email: _____

Actor School: _____

Grade: _____

Skills (Circle All That Apply): Sing, Dance, Musical Instrument, Gymnastics, Sports, Dialect

Will You Accept Any Role: (y/n) _____

Role Desired: _____

Conflicts (You Must Be Available For All Rehearsals and Performances): _____

Experience: _____

Please Bring Photo To The Audition