

**YPT NEW STUDENT AUDITION FORM**

Audition Number
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Height

Hair Color

Age

Name

School

Address

City

Zip

Responsible Parent Email

Phone

Age

Date of Birth

Grade

1. List any acting or drama experience you have previously had, including any performance experience.
2. List any singing experience and whether you presently sing in a choir, play in a band or take vocal or music lessons.
3. List dance experience, what type of dance, number of years dancing and whether you presently dance with a studio. Do you presently tap? Yes      No
4. Please note any special skills such as types of dance, tumbling, gymnastics, juggling, etc.

Do you feel comfortable on roller skates? Yes      No

Would you accept a role that required skating? Yes      No

5. Are you auditioning for a specific character? If so, please list choices

Will you accept any role or only the roles you listed above? Any role- Yes      No

6. State why you would like to be a part of this program and what you might add to the group.

7. Review the proposed schedule and list all conflicts. Failure to list known conflicts may eliminate continued participation in YPT.

**YPT NEW PARENT INFORMATION**

Audition Number
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Parent's Name

Child's Name

Address

City

Preferred Email

Home phone

Work Phone/Cell phone

Emergency phone# (please list number that will be answered)

Please state why you would like to see your child involved in the Young People's Theatre program or how you believe YPT can benefit your child.

If you are the parent of siblings, please check the appropriate line.

I will accept a role for only one child

Cast all of my children or none

List any theatre or musical background or other interesting hobbies that you or any other family member might be willing to share with YPT.

Review the basic schedule carefully and list any known conflicts your child may have.

Though not a consideration for membership, is there any special disability or medical information about your child that YPT should be aware of?