

Audition Form

Name _____ Major _____

Home Phone _____ Cell Phone _____

Email Address _____ Year _____

Past Experience:

Special Skills: (musical, acrobatic, dance, etc...)

Please list the times when you **are unavailable** during _____ Quarter 20____

Week of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							
__/__/__ - __/__/__							

IF THERE IS OTHER INFORMATION YOU WOULD LIKE US TO KNOW,
WRITE ON THE BACK OF THIS SHEET. THANK YOU.