



Youth Audition Form

Please complete this form and return to Matthew Caron at matthew.caron.2@mnsu.edu or bring a physical copy to the audition

Name (as it should appear in the program): _____

Nickname (or what you preferred to be called): _____

Age: _____ Height: _____ Hair: _____ Eyes: _____

Local Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone and Email: _____

What school do you attend: _____ Grade: _____

Please list vocal part, if known: _____

Please list any vocal or choral experience you have:

Please list a few acting experience you have (show and role):

Please list any special skills or talents:

We will typically rehearse Sunday-Friday from 6:30 pm-10:00 pm. Rehearsals begin Monday, February 23. The show opens on Thursday, April 9 and runs April 9-11 and 16-18 at 7:30 pm, April 18 and 19 at 2:00 pm, and a weekday matinee at 9:00 am on Friday, April 10. Please any specific conflicts with these dates:

Anything else you'd like the production team to know? Please list it here!

Thank you!