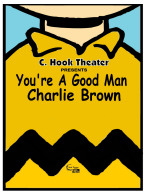
C. Hook Theater



Audition No.

Audition Form

Name_____

Address_____

City_____ Zip_____ School _____

Student Cell Phone _____

Parent Cell Phone_____ Home Phone_____

Student Email _____ Parents' Email _____

1st Parent's Name_____

2nd Parent's Name _____

Age_____ Height ____ft. ____ in.

Date of Birth_____Grade _____

T-Shirt Size _____

Parent Signature_____

(if under 18 years of age)

Photo

LIST ANY POSSIBLE REHEARSAL CONFLICTS: (Rehearsal is M-W-F, 4:30pm-6:30pm; Sat, 8am-11am)

Conflicts will be a casting consideration.

Do Not Write Below This Line

Director's Notes