C. Hook Theater

Audition No.

Audition Form

Photo

Name_____

Address_____

City_____ Zip_____ School _____

Home Phone_____ Parent Cell Phone_____

Student Cell Phone _____

Email _____ Parents' Email _____

Mother's Name_____

Father's Name_____

Age_____ Height ____ft. ____ in.

Date of Birth_____Grade _____

T-Shirt Size _____

Parent Signature_____

(if under 18 years of age)

PREVIOUS EXPERIENCE – List information, most recent first:

SHOW:	ROLE:	PLACE:	YEAR:

LIST ANY POSSIBLE REHEARSAL CONFLICTS: (Rehearsal is M-F, 5pm-7pm; Sat, 8am-11am)

Conflicts will be a casting consideration.

Do Not Write Below This Line

Director's Notes