

# KIDZ THEATRE AUDITION INFORMATION

NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME PHONE: (     ) \_\_\_\_\_ PARENT CELL: (     ) \_\_\_\_\_

GENDER: M    F                      BIRTHDATE: \_\_\_\_\_                      AGE: \_\_\_\_\_

Please list any other commitments you may have that would conflict with rehearsals: Be sure to list ALL dates. (i.e. Sports, Band, Choir)

Do you agree to have the Kidz Theatre program as your first commitment for the 2018-2019 season and consider strongly any other activities you may take on during the upcoming year and discuss those activities first with the Director?

YES                                      NO

Do you promise to have a positive attitude in the program and accept any part you are given with that same positive attitude?

YES                                      NO

Did you memorize your lines on time; diligently practice lines, songs and dances at home in order to come to class fully prepared for show? Please explain in detail how you did or did not do this and the commitment you would like to make to the Kidz Theatre program for the 2018-2019 season.

STUDENT SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

***PLEASE DO NOT WRITE BELOW THIS LINE:***

OVERALL COMMENTS:

Appearance:

Vocal Tone:

Movement:

Interpretation of Character: