

Audition/Biographical Sheet

NAME: _____
(Please use your full name.)

CALLED NAME: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN NAMES: _____

PARENT/GUARDIAN E-MAIL ADDRESSES: (mom) _____

(dad) _____

EMERGENCY CONTACT: _____ PHONE: _____

YEAR IN SCHOOL: 9th 10th 11th 12th AGE: _____

T-SHIRT SIZE: _____ SWEATSHIRT SIZE: _____

DO YOU DRIVE A CAR TO AND FROM SCHOOL? _____

DO YOU HAVE A JOB? _____ If yes, are the hours flexible enough
so that you can attend ***all*** rehearsals, including ***afternoon, evening, and weekends***?

Do you have any dance training, background and/or experience?

Do you have any known conflicts that would prevent you from attending any rehearsals
or performances? (Examples: concerts, sports, family events, weddings, field trips, etc.)

CLASS SCHEDULE:

A Class: _____ Teacher: _____ Room: _____

B Class: _____ Teacher: _____ Room: _____

C Class: _____ Teacher: _____ Room: _____

D Class: _____ Teacher: _____ Room: _____

E1 Class: _____ Teacher: _____ Room: _____

E2 Class: _____ Teacher: _____ Room: _____

F Class: _____ Teacher: _____ Room: _____

G Class: _____ Teacher: _____ Room: _____

Advisory Teacher: _____ Room: _____

Any other information that you feel is necessary for the director to know?