

# BROADWAY

*...on the side*



## AUDITION FORM

*Please print clearly*

NAME (as you would like it to appear in the program):

AGE:	DATE OF BIRTH:	GENDER:	CELL PHONE:	How late may we call/text:
MAILING ADDRESS (street):			CITY, ZIP CODE	
EMAIL:				
Do you have FACEBOOK:	How did you hear about us:		I can be reached by (check all that apply):	
			<input type="checkbox"/> Phone	<input type="checkbox"/> Text
			<input type="checkbox"/> Email	<input type="checkbox"/> Other _____

	HOW LONG?	RATE YOURSELF					FAVORITE TYPE TO PERFORM?
SINGING		1	2	3	4	5	
DANCING		1	2	3	4	5	
ACTING		1	2	3	4	5	

Do you read music? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list your voice type(s) & range (highest/lowest notes):	Audition song:
Please list previous performance experience here OR attach resume.		
Do you have any questions or comments for Broadway On The Side?		

BOTS Use Only

Audition Time:  
Notes: