



AUDITION FORM

Please print clearly

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

AGE:	DATE OF BIRTH:	HE/SHE:	CELL PHONE:	How late may we call/text:
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MAILING ADDRESS (street):	CITY, ZIP CODE
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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"/> Email <input type="checkbox"/> Text <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 sides I will be singing:
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Please list previous performance experience here OR attach resume.
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Do you have any questions or comments for Broadway On The Side?

BOTS Use Only

Audition Time: Notes:
