



Audition Form
STUDENT MUSICAL SPRING 2024

Name _____ Age _____ DOB: _____

Address _____ Grade: _____

Height _____

Parent's E-Mail Address _____ Telephone # _____

My audition song is _____

List any previous experience (you may continue on the back of this sheet or attach a resume):

PLEASE LEAVE THE BELOW AREA BLANK

DIRECTOR NOTES: