

AUDITION FORM

Please answer the questions below with your parent or guardian and bring this form with you to your audition. Please prepare a song from the selections available online.. Expect to stay for our full class time, 4:30 - 7:30 pm. We will announce our casting via email by Sunday. Feel free to email us with any questions at: thestudionewcanaan@gmail.com

Name:

Age:

Grade:

Audition Song Title:

Have you been in a musical before?

YES / NO

*If Yes, which musical and what was your role?

What is your ideal role in Alice in Wonderland Jr?

Are you someone who loves to dance? YES/NO

*If YES, do you take dance classes? YES/NO

Do you have any planned absences? YES / NO

*If YES, please list dates:

By signing below, you have read and agree to our Policies

Parent's Name Printed

Student's Name Printed

Parent's Signature

Student's Signature