

THE STUDIO AUDITION FORM

Please answer the questions below with your parent or guardian and **bring this form with you** to your audition.

Please prepare one of the song selections provided on the website.

Expect to stay for our full class time, 4:30 - 7:30 pm. We will announce our casting via email before Sunday.

Feel free to email us with any questions at: thestudionewcanaan@gmail.com

Name:

Age:

Grade:

Audition Song:

Have you been in a MUSICAL before?

YES / NO

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

What is your ideal role in this show?

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 (available on the website)

Parent's Name Printed

Student's Name Printed

Parent's Signature

Student's Signature

