

## 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](mailto: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)**

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**Parent's Name Printed**

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**Student's Name Printed**

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**Parent's Signature**

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**Student's Signature**

