



Schaumburg on Stage

AUDITION FORM

Audition Staff Only Audition #: _____ Height (in inches): _____
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*(Please fill out form completely & paper clip a photo **BEFORE** arriving to auditions, **Photos will not be returned!**)*

Name: _____ Age: _____ (as of performance)

Address: _____ City: _____ Zip: _____

School: _____ Grade as of Fall 2015: _____ Height (in inches): _____

Home Phone: _____ Parent Cell: _____ Cast Cell: _____

Parent Contact Names: _____ E-Mails: _____
(ie: Bob & Mary Smith) (Additional Emails write on back)

Check if you have sibling(s) auditioning – Name of Sibling(s): _____

***T-Shirt Size - Child:** M L **Adult:** S M L XL ***How did you hear about SOS?** _____

***Is there any medical issues, like Allergies, Asthma or Diabetes that we should be aware of?** _____ If so explain:

***Training/Experience:** (Attach Theater Resume if available for below information and write on back if needed)

Acting: _____

Vocals: _____

Dance: _____

Shows you have been in & roles you have played: _____

***Role(s) you are auditioning for:** _____

***Will you accept any role in this production:** Yes No

***Special Skills: Mark an X:** Tap _____ Flip Flop on floor _____ Round off Flip Flop on floor _____ Toe Touch _____
Gymnastics _____

***List any conflicts you may have with rehearsal dates, tech or performances along with the dates of (vacations, band, choir, cheerleading, competitions, sports, other shows etc.): Continue on back if needed.**

Circle: Yes or No, I give permission for cast member's above **Full Name** to be posted in the cast list on the schaumburgonstage.org site for this show & future shows. I will allow **photos/videos** on the web to be posted without name. I give permission for myself/child's **Full Name & photos** to be in various online and/or paper publications.

Parent Signature of cast member under age 18 _____