

# STUDENT ACTOR AUDITIONS

**PLEASE PRINT NEATLY & CLEARLY! Thank you!**

AUDITION DATE: \_\_\_\_\_ AUDITION NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PREFERRED EMAIL ADDRESS: \_\_\_\_\_

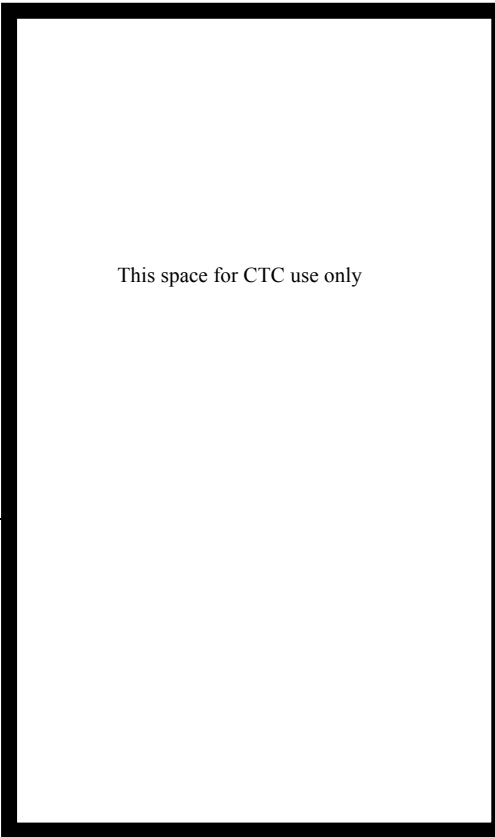
AGE NOW: \_\_\_\_\_ BIRTHDATE (mm/dd/yyyy): \_\_\_\_\_

PREFERRED PRONOUNS: \_\_\_\_\_ GRADE IN SCHOOL this year: \_\_\_\_\_  
(Self-identified gender)

HEIGHT (feet' inches'') \_\_\_\_\_ WEIGHT: (pounds) \_\_\_\_\_  
Please double check your child's height to ensure it is accurate. Thank you!

PANT SIZE \_\_\_\_\_ SHIRT/DRESS SIZE \_\_\_\_\_ SHOE SIZE \_\_\_\_\_

SELF-IDENTIFIED RACE / ETHNICITY: \_\_\_\_\_



PARENT/GUARDIAN 1: \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_

P/G 1 WORK PHONE: \_\_\_\_\_

P/G 2 WORK PHONE: \_\_\_\_\_

P/G 1 MOBILE PHONE: \_\_\_\_\_

P/G 2 MOBILE PHONE: \_\_\_\_\_

PRIMARY EMAIL FOR PARENTS/GUARDIANS: \_\_\_\_\_

FULL SCHOOL NAME: \_\_\_\_\_

PRINCIPAL/ADVISOR: \_\_\_\_\_

SCHOOL CITY: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

SCHOOL HOURS: \_\_\_\_\_ Mon-Fri: WHAT TIME COULD YOU ARRIVE AT CTC? \_\_\_\_\_

*If desired, in lieu of completing the section below, you are welcome to bring a pre-printed résumé to your audition. Please note a résumé is not expected nor is it required. If you do not have one, that's okay!*

ACTING EXPERIENCE: \_\_\_\_\_

DANCE EXPERIENCE: \_\_\_\_\_

VOCAL/MUSICAL EXPERIENCE: \_\_\_\_\_

*(If more space is needed use the back of this page.)*

HOW DID YOU HEAR ABOUT THIS AUDITION?