

Audition Form

Smiles and Frowns Playhouse

Name _____ Date _____ Age _____

Parents/Guardians _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell/other _____

Emergency Contact if Parent/Guardian Unavailable _____

Parent Email _____ **Please provide Email!!**

Are you a current student member of Smiles and Frowns?

_____ YES _____ NO _____ **Will join/renew for this show**

If Student: School _____ Grade _____

Gender _____ M _____ F Height _____ **Chart on wall, if needed! Clothing Size _____

How did you find out about the audition? (Check all that apply)

_____ E-mail _____ flier _____ playhouse mailer _____ TV
_____ Friend _____ radio _____ newspaper _____ other (specify)

What are you interested in? (Check all that apply)

_____ Acting _____ Singing _____ Dancing _____ Directing
_____ Backstage _____ Props _____ Make-up _____ Technical
_____ Set _____ Usher _____ Sound _____ Lights
_____ Costumes _____ Other (Please Specify) _____

Have you worked with Smiles & Frowns before? _____ No _____ Yes (Please specify)

Briefly list any other theatrical experiences including approximate date (year).

Is there any learning or physical disabilities that you would like to bring to our attention?

How may we best accommodate your needs?

Please list all previous commitment that may conflict with the posted rehearsal times.

Use backside of this sheet if more space is needed.