



Open Audition Form Information Sheet – CHILD

Audition Number:  
(Assigned upon arrival)

***The Sound of Music***

Performance Dates: November 11, 12, 18 at 7:30pm & November 13, 19, 20 at 2pm

Actor Name					
Parent					
Address					
Phone (home)		Phone (cell)			
Email					
Height		Weight		Hair Color	
Eyes		Voice Part (S/A/T/B)		Date of Birth	
Are you auditioning for <input type="checkbox"/> leading role <input type="checkbox"/> supporting role <input type="checkbox"/> ensemble Are you auditioning for a specific role? If so, please specify:  Would you be interested in taking a different role if offered? <input type="checkbox"/> yes <input type="checkbox"/> no					
Brief Stage History (start with most recent)					
Show Title	Role Played	Year	Producing Organization		
Special skills (i.e., dance, tumbling, juggling, etc.)					
If not cast, would you (or your family) be interested in helping with: <input type="checkbox"/> set construction? <input type="checkbox"/> lighting? <input type="checkbox"/> sound? <input type="checkbox"/> wardrobe? <input type="checkbox"/> ushering?					
How did you hear about these auditions?					
What was the last show you attended at the Opera House?					

Sign up for the Waterville Opera House e-newsletter to receive future audition notices.

(see reverse)

