WATERVILLE OPERA HOUSE

Audition Number:
(Assigned upon arrival)

Open Audition Form Information Sheet – **CHILD**

Frozen

Show Dates: November 13, 14, 20, 27, 28 at 7:30pm + November 15, 21, 22, 29 at 2pm

Actor Name/Pronouns					
Parent Name					
Address					
Phone (home)		Phone (cell)			
Email (required)					
Date of Birth		Height		Vocal Part (S/A/T/B)	

Are you auditioning for

☐ leading role ☐ supporting role ☐ ensemble

Are you auditioning for a specific role? If so, please specify:

Would you be interested in taking a different role if offered? ☐ yes ☐ 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 (age 16+) or your family be interested in helping with:

☐ backstage crew? ☐ wardrobe? ☐ 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.

Please let us know any conflicts you may have (vacations, prior engagements, etc). (Include any standing conflicts such as: “Works Mondays,” “Get out of work at 6:30 daily,” etc.) We do our best to work around conflicts, but can make no promises.