

The Sound of Music Audition Form (children)

Name: _____ Age: _____ Date 1/____ Time: _____

Please print LEGIBLY

Your pronouns: _____

Parent Phone #: _____

Parent Email: _____

Your Phone # (if applicable): _____

Your Email (if applicable): _____

Address: _____

Please check the rehearsal schedule in the audition flyer and **list any dates or times for which you are not available on the provided calendar.** If you have NO Conflicts, write the word NONE below. With the exception of tech week and performances, conflicts can be worked around **if we know about them in advance.**

Please circle which role you are interested in:

Louisa Friedrich
Brigitta Kurt
Marta
Gretl

Acting Experience:

Please list experience on the reverse side of this form in the following format: *play title, role, theater, year performed*

Example: Into the Woods, The Wolf, Grand Theater, 2005

OR attach resume

Where did you hear about the audition?

Home Made Theater email _____ Friend _____

Facebook _____ Newspaper _____

Other (please specify) _____

Please do not write in this space.

Please mark any conflicts with an X. If you need to be late on a day, mark that day with an L. Thank you!

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<u>APRIL</u> 16	17	18	19 No Rehearsal	20	21 No Rehearsal	22 No Rehearsal
23	24	25	26 No Rehearsal	27	28 No Rehearsal	29 No Rehearsal
30	<u>MAY</u> 1	2	3 No Rehearsal	4	5 No Rehearsal	6 No Rehearsal
7	8	9	10 No Rehearsal	11	12 No Rehearsal	13 No Rehearsal
14	15	16	17 No Rehearsal	18	19 No Rehearsal	20 No Rehearsal
21	22	23	24	25	26 No Rehearsal	27 No Rehearsal
28 No Rehearsal	29	30	31	<u>JUNE</u> 1	2 No Rehearsal	3 No Rehearsal
4	5	6	7	8 Invited Dress Rehearsal	9 Performance	10 2 Performances
TECH WEEK - EVERYONE MUST BE PRESENT						
11 Performance	12	13	14	15 Performance	16 Performance	17 2 Performances
18 Final Performance						