



THE HISTORIC COCOA VILLAGE PLAYHOUSE

34 Seasons of "Broadway on Brevard"

AUDITION APPLICATION

STARS of Tomorrow

PLEASE FILL OUT THIS FORM USING A PEN. MAKE SURE WE CAN CLEARLY READ YOUR INFORMATION!

Name (Last) (First) Current Age Email Address

School Attending Year/Grade Your GPA Telephone

Address City State Zip Date of Birth

Height _____ Have you been in STARS before? _____ If so, which year(s)? _____

- List previous performing experience (attach resume if available):

If you need additional space, you may write on the back of this form.

- List previous performing arts training (include type, number of years you have studied, and your instructors):

If you need additional space, you may write on the back of this form.

- List your vocal training (number of years studied, and your teachers):

If you need additional space, you may write on the back of this form.

List any extracurricular activities you are presently involved in:

Activity Day of Week Time

- Any health or emotional conditions of which the Director needs to be aware?

- Why would you like to participate in STARS of Tomorrow?

- Additional information you would like the Director to know:

I understand and agree that if I am cast, it is my responsibility to be on time and attend rehearsals and performances. Unexcused absences or last-minute absences are not permitted and may result in removal from the program. Excused absences may be obtained in advance from the Directors within a reasonable timeframe. It is also my responsibility to learn the material and be prepared for rehearsals and performances. Due to the evolving nature of certain illnesses, masks may be required for all performers during the rehearsal process and backstage for performances. In the unlikely event of an outbreak of illness, by signing this document, you agree to wear a mask if required and follow all other mitigation efforts necessary to help prevent the spread illnesses.

Signature of Applicant Telephone Date

Parent Telephone Date