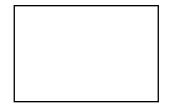


Signature



36 Seasons of "Broadway on Brevard" AUDITION APPLICATION



SCHOOL OF ROCK!

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

Name (Last)	(First)	Current Age	Height Weight	Employment / Schooling	
Telephone (Day)	(Cell)	(Cell) Email Address (Print Clearly)		nt Clearly)	
Address Check here if you a	City are a "Gold Star Performer" (Your r		State lobby for consecutive sh	Zip nows as a volunteer performer)	
List specific role(s) desired:				
Will you accept ar	ny role? Yes No (Circle	One) Will you acce	pt being double cast?	Yes No (Circle One)	
Will you accept bein	ng an understudy? Yes No	(Circle One) Will you	u accept being a swin	g? Yes No (Circle One)	
Do you have:	Vocal Training? Yes No (Circle One)			
	Dramatic Training? Yes N	Dramatic Training? Yes No (Circle One)			
	Dance Training? Yes No	(Circle One)	nd how long		
	Are you a Musician? If so, w.		nd how long		
	ly cast in another production?	•			
If you need addition	al conflict dates between now an nal space, you may write additional con Every Friday – The exception being Tec	flicts on the back of this form	. Please indicate if any dat		
Previous perform	ming arts experience (attach resu	ıme if available):			
Do you have add	ditional special skills? (i.e. Jugg	ling, Skateboarding, Act	robatics, etc):		
Any health or en	motional conditions of which the	e Directors need to be av	vare?		
• Additional infor	rmation you would like the Direc	etors to know:			
advance from the Directo Unesses, masks may be required j	that if I am cast, it is my responsibility to be the cast, it is also my responsibility to learn the for all performers during the rehearsal process and bagation efforts necessary to help prevent the spread illn	ne material and be prepared fo ckstage for performances. In the unlikely	r rehearsals and performan	CCS. Due to the evolving nature of certain	

Telephone (Print Clearly)

Date