THE HISTORIC COCOA VILLAGE PLAYHOUSE

37 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. I also acknowledge that I have read the Welcome to Auditions sheet and am fully aware of the time and commitment required if I am cast. I will learn all required material and come prepared for rehearsals and performances. *For the health and safety of all participants, I agree to stay home if I am ill and to follow any temporary health or safety measures the theatre may implement if circumstances require.*

Signature of Applicant Telephone Date

Parent Telephone Date