



Audition Registration

Last Name: _____ First Name: _____

Family Auditioning? Y ___ N ___ Last name if different _____

Male ___ Female ___ Height _____ Email _____

Address: _____ City: _____ Zip _____

Phone: _____ **Have you worked with CVFT before?** _____

Vocal Range: Bass ___ Tenor ___ Alto ___ Soprano ___ Not sure ___

Acting/Singing Experience: **List significant experience on back or attach separate sheet.**

Dance Training: # of yrs & styles _____ **List significant experience on back.**

Special Skills: (tumbling, magic, etc.) _____

Most interested in role(s) of: _____

Roles willing to accept (**Select all that apply**) ensemble ___ featured ___ supporting ___ lead ___

I viewed the draft schedule & performance dates. Y___ N___ My conflicts are listed on back. Y___ N___

If 18 yrs & under: Age: _____ Name of School You Attend: _____

Guardian Name: _____ Phone: _____

Guardian Email: _____

A signed copy of the child audition agreement must be attached to this form. Family involvement is required for all youth performers. If guardians are not auditioning, indicate your interests below.

For all: Do you have family/Friends not interesting in performing? – Have them join the fun!

Last Name: _____ First Name: _____

Age if under 18 _____ Preferred Phone: _____

Email: _____

I and/or my family will volunteer regardless of being cast in this production. Y___ N___

Interested in the following areas :

- | | | |
|-------------------------------|----------------------------|--------------------------|
| ___ Set Construction/Painting | ___ Make Up & Hair Styling | ___ Prop finding/making |
| ___ Stage Crew | ___ Promotion & Marketing | ___ Managing Concessions |
| ___ Costume Sewing | ___ Backstage Help | ___ Other _____ |