

STRAY PUPS YOUTH THEATRE

AUDITION FORM

PRODUCTION: _____

REHEARSALS: Mondays/Wednesdays 6:00-8:30pm and Saturdays 10:00am-2:00pm

GENERAL INFORMATION:

Child's Name: _____ Age: _____

Preferred Name: _____ Pronouns: _____

Guardian Name(s): _____

Guardian Email: _____ Phone: _____

Will you be applying for a scholarship? YES NO

(if YES, please request the Scholarship Application form via email)

CONFLICTS (Please write down any anticipated conflicts with our schedule):

EXPERIENCE & TRAINING:

Previous Experience (shows & roles):

(OVER)

Previous Theatre Training (camps & classes):

Special Talents (juggling, tumbling, instruments, etc.):

OTHER INFO:

Provide any additional child information here:
