

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:
