



RISING STAR
Audition Information Sheet

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address (please print legibly) _____

Age: _____ Grade in Fall: _____ School: _____

Parent or Guardian's Name if under 18 (First) _____ (Last) _____

On the back of this form, please list three musical productions you have performed in, preferably your most recent shows, or attach your resume. (No experience required.)

Do you read music? (Circle one) Yes A little No Huh?

Vocal Range: _____ Vocal Coach (if applicable): _____

Name of your local newspaper: _____

Please list your top three concert choices in order of preference.

#1 _____

#2 _____

#3 _____

Rehearsals are generally on Monday evenings and tech rehearsals are the night before opening. Please list all known conflicts that would prevent you from attending possible rehearsals or a performance. If you have no conflicts, (or can arrange your schedule) write "None" in the space below. Please be accurate and honest.

Conflicts: _____

How did you hear about auditions?

