



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) _____

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

Name of Production	Role	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Name of your local newspaper: _____

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: _____
