



RISING STAR
Audition Information Sheet

Name: _____

Address: _____

City/State/Zip: _____

My Cell Phone: _____

My Email Address (please print legibly) _____

Age: _____ Grade in Fall: _____ School: _____

Parent or Guardian's Name (First) _____ (Last) _____

Parent or Guardian's Cell Phone: _____

On the back of this form, please list at least 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

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

Please look at themes and dates of the season's concerts and list your top three choices.

#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? _____
