

Firebird Theatre Audition Form

Actor Name: _____

Age: _____ Grade: _____ Height: _____ Pronouns: _____

Parent email address: _____

Parent phone number: _____

Size of role you are comfortable playing: (circle) Lead Supporting Ensemble

The role of: _____ (1st choice) _____ (2nd Choice) Ensemble

Are you comfortable playing a different gender? YES NO

What, if any, parts would you not be comfortable playing?

Previous Theatre Experience

Have you performed in other shows? YES NO

If yes, please list the shows below:

<i>Name of Show</i>	<i>Role</i>	<i>Name of Theater Group</i>

Dance Training

<i>Type of Dance</i>	<i>Number of years</i>
Jazz	
Tap	
Ballet	
Other (specify)	

(over)

Singing Experience

<i>Type of Group</i>	<i>Number of years</i>

Examples: Church, School Chorus, Show Choir, etc.

Do you have any special skills: gymnastics, splits, jumping rope...etc. Anything else you would like us to know about you: