

NEW LIFE ACADEMY THEATRE DEPARTMENT

AUDITION FORM

Fall Musical 2019

STUDENT INFORMATION		
Name:		
Grade:		
Email Address:		
Cell Phone:		
Home Phone:		
Role(s) Auditioned for:		
What do you believe makes you right for this role?		
If you do not get the role you want, are you willing to be assigned a different role?		
YES	NO	
Explain:		
List all extracurricular activities and/or job you will be involved in August - November and number of hours/week:		
List all day(s) and times you are UNAVAILABLE for rehearsal (include work, church, vacations and sports commitments):		

