



Theatre Phone: 704-846-8343

www.matthewsplayhouse.com

Student Audition Form

Name of Show: _____ Role(s): _____

Please fill out form completely and write information legibly.

Student's Name: _____ Age: _____

School: _____ Grade: _____

Student's Email: _____ Phone: _____

Hair Color: _____ Height: _____ Weight: _____

Are you willing to cut and/or change your hairstyle for this production? _____

Parent Names: _____

Address (include city/zip): _____

Parent Email: _____

Primary Phone: _____ Secondary Phone: _____

List any performance experience (you may attach a résumé or use the back of form):

List any performing class experience (school chorus, church plays, school plays, church choir, etc.):

Please list ALL conflicts by date and time below. **Only list conflicts that you will not give up for rehearsal.** Refer to the schedule for all possible rehearsal dates.

YOU MUST BE AVAILABLE FOR ALL PUBLIC SHOWS AND 3 SCHOOL SHOW PERFORMANCE DAYS