

Camp Rock AUDITION FORM – TOWN THEATRE – 5th to 12th

NAME: _____

AGE: _____

CLASS DAY (circle one)

Tuesday

Thursday

Parent/Guardian Email Address:

Contact Name

Secondary Email Address (if applicable):

Contact Phone Number

Please list your experience (classes at school, church, Town, other theatres, etc.)

ACTING: _____

SINGING: _____

DANCE: _____

Please list any additional skills you have (juggling, impressions, gymnastics, etc.)

Please list any roles you would like to be considered for below. Anything else the production team should know?

- 1) Please write any conflicts you may have with school, church, and other activity schedules that happen on your CLASS DAY 5:30 PM to 7:00 PM between January 13 - March 20.
- 2) Please list any conflicts you may have on Fridays between 5:00 PM and 7:00 PM.
- 3) Reminder: Group rehearsals begin on March 24 and are considered "non-missable."

I would like to be considered for: (Check all that apply)

___ A lead role. I am comfortable with performing solos and memorizing lines. My schedule allows me to take on a larger commitment and I do not see being absent from class except where noted above.

___ A supporting role. I am comfortable performing solos and memorizing lines.

___ A solo. I'm okay with not being a main character.

___ A speaking part. I'm okay with not being a main character.

___ An ensemble role. I love being a part of a group but prefer not to sing or speak alone. **Checking this means you will not need to stay for the audition at 7pm. You will automatically be put in an ensemble role.**

Parent/Guardian Signature _____