

Camp Rock AUDITION FORM – TOWN THEATRE (K to 4th)

NAME: _____ AGE: _____

CLASS DAY (circle one)

Monday Wednesday

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.)

Anything you would like the production team to 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) Reminder: Group rehearsals begin on March 24 and are considered "non-missable."

For this production, the majority of main roles will be assigned to the Tuesday and Thursday classes. There will be opportunities for small parts/solos in our pre-show.

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

A solo. If there are opportunities to audition for a small solo, I would like to be considered.

A speaking part. I would like to be considered for a part with lines in the pre-show.

An ensemble role. I love being a part of a group but prefer not to sing or speak alone.

Parent/Guardian Signature _____