

SHOW: _____ Date: _____

Please fill out all the information below CLEARLY and attach picture and resume.

NAME: _____ GRD: _____ DOB: _____

CELL #: _____ EMAIL: _____

List previous theatre experience, roles, and where

Show Title	Role	Where

List previous theater, dance, voice training

Training	# Years Practiced	Where

Other Talents: (gymnastics, tap, musical instruments, accents, stage combat, etc.)

FOR DIRECTOR'S USE ONLY:

Pitch: 1 2 3 4 5	Acting: 1 2 3 4 5
Volume: 1 2 3 4 5	Dancing: 1 2 3 4 5
Dynamics: 1 2 3 4 5	
Notes:	CALL BACK: Y N For:

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ SCHOOL: _____

PARENT 1 NAME: _____ CELL: _____

WORK PHONE: _____ EMAIL: _____

PARENT 2 NAME: _____ CELL: _____

WORK PHONE: _____ EMAIL: _____

SYJCC MEMBER _____ SYJCC NON MEMBER _____

PLEASE WRITE CLEARLY SO THAT ALL INFORMATION IS CORRECT

PLEASE TELL US ANYTHING ELSE WE MAY NEED TO KNOW ABOUT BELOW

Rehearsals are every Sunday 1 – 4.

Cast members are allowed ONE missed rehearsal only. If you think you may have additional conflicts please let us know. Tech rehearsals are always Monday - Thursday the week prior to the show. TECH REHEARSALS ARE MANDATORY!

Please list any conflicts:
