



TACSY AUDITION FORM

Date: _____

FILL OUT ENTIRE FORM AND PLEASE PRINT CLEARLY!

Show:

NAME	DOB	SCHOOL
		GRD: _____
1. PARENT/GUARDIAN NAME: _____		2. PARENT/GUARDIAN NAME: _____
CELL: _____ HOME: _____		CELL: _____ HOME: _____
EMAIL: _____		EMAIL: _____

HOME ADDRESS

<u>PREVIOUS THEATER EXPERIENCE</u>	<u>ROLE</u>	<u>WHERE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>TRAINING</u>	<u>YEARS STUDIED</u>	<u>WHERE/WHO WITH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL SKILLS (*Check what you do well*)

<input type="checkbox"/> Back handspring	<input type="checkbox"/> Back walkover	<input type="checkbox"/> Play an instrument
<input type="checkbox"/> Cartwheel	<input type="checkbox"/> Aerial	What: _____
<input type="checkbox"/> Front walkover	<input type="checkbox"/> Artist	Other: _____

FOR DIRECTORS USE ONLY:

<p>Voice type: _____</p> <p><i>Pitch:</i> 1 2 3 4 5</p> <p><i>Volume:</i> 1 2 3 4 5</p> <p><i>Dynamics:</i> 1 2 3 4 5</p>	<p>Notes:</p>
<p>Dance: 1 2 3 4 5</p>	<p>Notes:</p>
<p>Acting: 1 2 3 4 5</p>	<p>Notes:</p>
<p style="text-align: center;"><u>CALL BACK</u></p> <p style="text-align: center;">Yes No</p>	<p>Roles:</p>



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