

SHOW: \_\_\_\_\_ Audition Number \_\_\_\_\_



## Minor (Under 18) Actor Audition Form

### Personal Information: (Please print clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Your Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Height \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Pronouns:  She / Her  He / Him  They / Them  Other: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents Cell: \_\_\_\_\_

Parents E-mail \_\_\_\_\_

**Conflicts / Availability**— please list all conflicts that might keep you from attending any rehearsal from the audition dates until the final performance. Please be completely honest. Conflicts won't necessarily preclude you from being cast in this show. If you are a **K-12 student**, state which school and when does school end for the day. If you work, please list your typical hours. Please list any extracurriculars that may pose a conflict.

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**Previous Experience:** Is this your APA stage debut? YES NO

Please list up to five (5) examples of previous production experience in any theater.

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### **Musicals Only:**

Voice: *Soprano* *Alto* *Tenor* *Bass* Scales \_\_\_\_\_ to \_\_\_\_\_

Are you comfortable singing: Solo? YES NO Harmony? YES NO in a chorus? YES NO

Do you have any Dance experience: YES NO - If yes, explain: \_\_\_\_\_

Tell us if you have any special talents that may be used in this production. \_\_\_\_\_

**(Continue to the back)**

**Desired Role(s) you are interested in :**

1: \_\_\_\_\_

2: \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Gender Preference**

\_\_\_\_ I prefer male-presenting roles

\_\_\_\_ I prefer female-presenting roles

\_\_\_\_ I would play either male or female presenting roles (We are considering females for the Oliver role)

I, \_\_\_\_\_ hereby authorize and give my permission  
(Print Your Name Here)

to the ACADEMY OF PERFORMING ARTS, to use (in any format) the likeness, name,  
voice

and words of \_\_\_\_\_, myself or (my child), without compensation to my  
(Print Your Name Here)

child or me, for the purpose of communicating, promoting, or advertising the events of the  
ACADEMY OF PERFORMING ARTS.

Actor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under 18 Parent/  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Director's Notes: