

THE  
**ACADEMY**  
OF PERFORMING ARTS

Audition #

Actor Audition Form

Show: \_\_\_\_\_

**Personal Information:**

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

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

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell Phone \_\_\_\_\_ Hair Color \_\_\_\_\_

Are you on Facebook: Yes No Name on Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Parents Name (16 and under) \_\_\_\_\_ Parents # \_\_\_\_\_ 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 **college student**, please give the dates you will be home for the summer. If you are a **K-12 student**, state which school and when does school end for the day. If you work full time, please list your typical hours.

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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.

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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. \_\_\_\_\_

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

- I will ONLY accept the role(s) I have marked at the right. 1: \_\_\_\_\_
- I am interested in the parts listed, but will accept ANY 2: \_\_\_\_\_  
part including chorus. 3: \_\_\_\_\_
- I am ONLY interested in a chorus part. 4: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize and give my permission 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 child or me, for the purpose of communicating, promoting, or advertising the events of the ACADEMY OF PERFORMING ARTS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_