

Summer Youth Musical • Audition Form • 2014 Godspell • How to Eat Like a Child

NAME:		DATE OF BIRTH:	AGE:	НЕІ GHT:
ADDRESS:		CITY:		STATE:
ZIP CODE: EMAIL	:			
HOME PHONE: ()		CELL PHONE: ()		
CHURCH:				
GRADE NEXT YEAR:	SCHOOL NEXT YEAR	R:		
FATHER'S NAME:		MOTHER'S NAME:		
FATHER'S EMAIL:		MOTHER'S EMAIL:		
FATHER'S CELL PHONE:		MOTHER'S CELL PHONE:		
VOCAL TRAINING, DANCE TRA	INING, ETC. (IF ANY):			
PLEASE LIST YOUR LAST (3) PL	ERFORMANCE EXPERIE	NCES (IF ANY):		
1) SHOW:		THEATRE GROUP:		YR:
ROLE:				
2) SHOW:		THEATRE GROUP:		YR:
ROLE:				
3) SHOW:		THEATRE GROUP:		YR:
ROLE:				
	r consideration in perpetuity.	otograph and/or video recording in any I understand that if I do not authori		
Performer Signature	Date	Parent Signature (if perfo	ormer under 18)	Date

* * * VERY IMPORTANT * * *

ON THE BACK OF THIS FORM PLEASE LIST ANY EVENING CONFLICTS YOU WILL HAVE BY MAKING A NOTE ON THE CALENDAR, INDICATING YOU <u>CANNOT</u> BE AT REHEARSAL. THINK OF WEEKLY LESSONS & PRACTICES, TRIPS, FAMILY OUTINGS, OR OTHER EVENTS.

** NOTE: REHEARSALS CAN BE SCHEDULED FOR ANY SUNDAY THRU THURSDAY... IN THE EVENING **

THEATRE AT VIS STAFF USE ONLY					
ACTING SCORE	SINGING SCORE	DANCING SCORE			
1 • 2 • 3 • 4 • 5	1 • 2 • 3 • 4 • 5	4 • 5 1 • 2 • 3 • 4 • 5			
COMMENTS:	COMMENTS:	COMMENTS:			

NAME:

June 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6 NO REHEARSAL	7 NO REHEARSAL
8	9	10	11	12	NO REHEARSAL	NO REHEARSAL
Father's Day	16	17	18	19	20 NO REHEARSAL	NO REHEARSAL
22	23	24	25	26	27 NO REHEARSAL	28 NO REHEARSAL
29	30					

Key:

How to Eat Like a Child

Godspell

ke a Child		Jul	v = 20	14		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4 4th of July NO REHEARSAL	5 NO REHEARSAI
6	7	8	9	10	NO REHEARSAL	12 NO REHEARSAL
	E C H low to Eat			17 S	18 H	19 O
20	E C H	WEI	23	24 S	25 H	26
27 W	28	29	30	31		

COMMENTS: