

FOX CHASE DRAMA PROGRAM

THE ACTORS' GROUP

AUDITION SHEET

Name: _____ Age: _____ Date of Birth: _____

Mailing Address: Street: _____ Phone #: _____

City/State/and Zip Code: _____ Cellphone # _____

Email: _____ Parent's Email Address: _____

T-Shirt Size (Please Circle): Childs- Small- Medium- Large; Adult- Small- Medium- Large- XL- 2XL

Pants Size _____ Dress Size _____ Height _____

ACTING EXPERIENCES

(Please list any shows in which you have been involved. If none, write none.)

CONFLICTS

We will be virtually rehearsing on Mondays from 6:30- 8:00 P.M. with maybe an extra rehearsal during the week of the show. If there is ANY conflict, please put the reasons below, i.e., vacations, school, sports, other shows, etc. If you are involved in another show, please put the name of the show, part, rehearsal days, production dates, etc. If you are involved in sports, please list practices and game days.

Please list the part(s) that you would like to read in order of importance (i.e. what is the part that you want). _____

If you do not get the part you wanted, will you take another part? (Yes or No) _____

What school do you attend (for children/teens)? _____ Principal's Name _____

What grade are you in (for children and teens)? _____

Thank you for auditioning,
Joseph P. Laub, Jr.
Joseph P. Laub, Jr.
Director

DO NOT WRITE BELOW THIS LINE

PART (DIRECTOR ONLY)

Cast 1: _____ Cast 2: _____