Peter Pan Audition Form CHILDREN

_____, _____ _____ _____

Last Name First Name Grade School

_____ _____ _____

Street Address City Zip Code

_____ _____

E-Mail BIRTHDAY

_____ _____

Parent's Name Phone Number

Previous Acting Experience (or attach resume)

_____

Rate the following in order of strength: _____Acting _____Singing _____Dancing

What dance training do you have? _____

WILL YOU BE ABLE TO ATTEND ALL SCHEDULED DAILY AND SATURDAY REHEARSALS. YES NO

If NO, please list all of your conflicts by date and time. Or attach your list of conflicts.

_____ _____

_____ _____