Audition Information for Heights Youth Theatre:

Name: First _____ Last _____
Parent's Full Name _____
Address _____City _____ Zip _____
Home Phone _____ Emergency _____
Age _____ Grade _____ Date of Birth _____ School _____
(Must have the following)
Height: Ft. _____ Inches _____ Weight _____ Eye Color _____ Hair Color _____

Training	**#YEARS:**	**FROM (i.e. 1987 TO 2002)**
VOICE TEACHER: NAME: RANGE:	.	_____ TO _____
DANCE TEACHER: NAME: TYPE: STYLES:	.	_____ TO _____
DRAMA TEACHER: NAME: WHERE:	.	_____ TO _____
INSTRUMENT TEACHER NAME: TYPES:	.	_____ TO _____
PARTICIPATE IN CHOIR YES___NO___ RANGE: WHERE:		_____ TO _____

*** Below Please list any and all conflicts you may have with our rehearsal/performance schedule. (See Production info. sheet for dates.)
_____
_____
(Conflicts will not be accepted after casting is completed)

DO YOU HAVE AN E-MAIL ADDRESS? _____
IF YOU ARE NOT CAST ARE YOU INTERESTED IN: BACKSTAGE CREW _____ PROPS _____ COSTUMES _____ Production Asst. ___
Any family members HYT alumni? _____

Thanks for auditioning at HYT
Break A Leg!!!!!

PLEASE LIST STAGE EXPERIENCE BELOW (MOST RECENT FIRST) (IF RESUME IS AVAILABLE PLEASE ATTACH) (PLEASE CONTINUE ON BACK IF MORE SPACE IS NEEDED)

THEATER	**DIRECTOR**	**SHOW**	**ROLE**	**YEAR**

Do not write below this line. For Director's use only.

Voice/Range_____
Dance_____
O.L._____
Role Consider _____
Read _____