The BIZ
Academy of Musical Theatre

AUDITION #_____

Production _____

Date _____

Title of Audition Song _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Town of Residence: _____

Parent Phone: (____)_____ Parent Email: _____ (Please print neatly!)

Cast Member Phone: (____)_____ Cast Member Email: _____

School: _____ Grade: _____ T-Shirt Size: Pick one

Gender: _____ Height: _____ Hair Color: _____

Parent/Guardian Name(s): _____

Are you currently taking a class at The Biz? YES ☐ NO ☐

If yes, which one(s)? _____

AUDITION INFORMATION

List the role(s) for which you are auditioning: _____

Will you accept another role? _____ Will you accept chorus? _____

Briefly list past experience/training in the Arts (*attach a resume instead if you have one*):

_____

_____

AVAILABILITY

Please list all known conflicts which will occur between now and show time:

_____

_____

_____

Can we add you to our Parent Biz Backstage Boosters email group and keep you up to date with fundraisers and volunteer opportunities? YES ☐ NO ☐

---------- *DO NOT COMPLETE - FOR DIRECTOR ONLY* ----------

Vocal ☐ _____

Acting ☐ _____

Dance ☐ _____