



Audition Form

Call Back _____ Audition # _____

Cast _____ Parent Committee _____
----- (Please DO NOT write above this line) -----

SHOW Auditioning for: _____ **CYT Class Enrolled in** _____

Turn in this form with a **CURRENT PHOTO** at AUDITIONS. Please **DO NOT** attach it to the audition form

CYT AUDITION FORM * STUDENT INFORMATION

Name _____ Home Phone(____) _____ Student Cell Phone(____) _____

Parents' Names (First and Last) _____ Parent Cell Phones(____) _____

Address _____ City _____ State _____ Zip _____

Age ____ Date of Birth _____ Height _____ ft. ____ in. Hair Color _____ Male ____ Female

School _____

Other talents (i.e., tap, ballet, gymnastics, etc.) _____

e-mail (Parent): _____ e-mail (Student): _____

List commitments that might interfere with rehearsals and performances. Give SPECIFIC DATES and TIMES. No absences are allowed from Super Saturday (move in) through the run of the show. Conflicts reported after casting may result in dismissal from the show. _____

I would like to be considered for: Part: 1st choice _____ 2nd choice _____ 3rd choice _____

Would you accept another role other than choice? Yes (specify) _____ No _____

How many CYT shows have you auditioned for prior to this one? _____ Number of shows you have been in? _____

List the CYT shows you have been in: _____

What other shows besides CYT have you been in? _____

Audition type: ____ Song ____ Other Title: _____

If you would be interested in being on crew if not cast, please fill out a crew form and give it to the Show Coordinator by auditions.

PARENT INFORMATION

I realize that if my child is chosen for the cast, I will be responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Show Coordinator in advance. In order to ensure the quality of rehearsals and the production, I understand that two or more absences may result in dismissal from the show. **I understand that students who audition are NOT eligible for a class tuition refund.**

I understand the Production Fee and mandatory Make Up kit must be paid for at First Rehearsal. I am also responsible for personal items (i.e., shoes, tights, etc). **I understand that I am required to attend two parent meetings, to volunteer 20-25 hours as part of a parent committee, and encouraged to sell 15 or more tickets to Friday evening and/or Saturday performances.**

Signature of one parent: _____ Date _____

Please indicate your 1st, 2nd, and 3rd choice in the spaces below.

- | | | |
|---------------------|------------------------|------------------------------------|
| _____ Backstage | _____ Public Relations | _____ Historian/photographer |
| _____ House Manager | _____ Refreshments | _____ Costumes. Can you sew? _____ |
| _____ Makeup | _____ Sets | _____ Special Activities/Souvenirs |
| _____ Docent | _____ Program | _____ Technical Support Staff |
| _____ Greenroom | _____ Props | _____ Show Chair/Co-Chair |

Would you be willing to chair a committee? _____

Are you available to work at the School Days performances? Yes (specify) _____ No _____

Do you have any other hidden talents or expertise as a pianist, graphic designer, accounting, etc? _____

If your spouse would be willing to serve on an additional committee, please list his/her name and committee choices: _____

(Please DO NOT write below this line)