Willy Wonka, Jr. AUDITION SHEET

NAME	AGE				
SCHOOL ATTEND	GRADE IN SCHOOL				
PHONE (to text to)	GENDER: MALE FEMALE				
EMAIL					
ADDRESS	_CITYZIP				
PARENT NAME(Please list main adult contact for child)	CELL #				
EMERGENCY CONTACTS NAME/relationship	CELL #				
NAME/relationship	CELL #				
NAME/relationship	CELL #				
T-shirt Size: Youth S Youth M Youth L	Adult: S M L XL				
Clothing Sizes: Pants: Shirt:	Shoe:				
LIST PRIOR STAGE EXPERIENCES (acting, sir	nging, dancing & where)				
HAVE YOU TAKEN DANCE LESSONS? STUDIO					
DO YOU HAVE GYMNASTIC EXPERIENCE? Where?					
VOCAL PART (if known, circle): Soprano A	Alto Tenor Bass				
DIFASELTST ANV/ALL DADTS VOLLADE ALIN	ATTTONING FOR:				

PLEASE LIST ANY DATES YOU WILL NOT BE AVAILABLE FOR REHEARSALS.

List dates and explanations for any conflicts:

Rehearsals will be held on Sundays (5:30-8:00), Saturdays (9:30-noon), and Thursdays (5:30-8:00) starting in early January. Typically, ensembles will meet only 2 days each week in January (Saturday AND/OR Sunday and then all cast on Thursdays). Leads may have additional rehearsals. For the success of the show, all cast members will be expected to attend at least 2 rehearsals each week until the last 2 weeks prior to the show. All cast members should plan to attend all rehearsals on Sundays, Thursdays, & Saturdays from Feb. 10 - 22. Performance Dates are February 23 & 24.

Would you use a	Facebook closed group pag	ge? YES	NO	MAYBE		
Any Allergies or Medical Conditions we should be aware of?						
PARTICIPANT A	ACDEEMENT.					
I will accept any and songs. I unde removed from my	role, participate in all schorstand that if I miss a mo rstand that if I miss a mo role. I will pay attention	ajority of r during reh	ehears earsal,	e, and learn my parts, dances, cals, it could mean I could be be helpful to others, and be I agree to these guidelines.		
Participant Signature:						
PARENT AGREE	MENT (for participants u	nder 18 ye	ars of a	 age)		
time to drop off, advance as possib of my child durin	• •	orm the dine Huber Cose of public	rector pera H city of	s of any absences as far in louse to post pictures online the production. I will		
I agree to these	guidelines. Parent Signatu	ıre:				
I WOULD BE IN	NTERESTED IN HELPING	S WITH: ((circle	all that apply)		
COSTUMES	SET PRODUCTION	BACKST	AGE A	SSISTANT		
OTHER:			 			
Program Fee: cas	shcheck#	d	ate rec	'd		

Make checks payable to Huber Opera House. Program fee for additional children in same family is \$30.