THE CROWN YOUTH THEATRE

Theatre for the Next Generation

CHICAGO (Teen Edition) — AUDITION FORM

AUDITIONEE INFORMATION

Full Name: _____

Preferred Name / Pronouns: _____

Date of Birth: _____

Age: _____

Height: _____

School: _____

Email Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

AUDITION DETAILS

Audition Date: ☐ Tuesday 8th December ☐ Thursday 10th December

What are you auditioning for? (tick all that apply)

☐ Main Role ☐ Dancer & Singer ☐ Dancer Only ☐ Ensemble / Chorus

Preferred Role(s) (tick all that apply)

☐ Roxie Hart
☐ Velma Kelly
☐ Billy Flynn
☐ Amos Hart
☐ Matron “Mama” Morton
☐ Mary Sunshine
☐ Fred Casely
☐ Kitty
☐ Liz / Annie / June / Hunyak / Mona
☐ Sergeant Fogarty
☐ Ensemble / Chorus
☐ Open to any role

Any roles you do NOT wish to be considered for?

_____

EXPERIENCE

Previous Theatre / Performance Experience:

_____

_____

_____

_____

ADDITIONAL INFORMATION

Medical / Allergy Information we should be aware of:

_____

_____

How did you hear about the auditions? _____

PHOTO & VIDEO PERMISSION

I give permission for The Crown Youth Theatre to take photographs of the auditionee during the audition.

☐ Yes ☐ No

I give permission for The Crown Youth Theatre to video record the auditionee's audition.

☐ Yes ☐ No

AGREEMENT

☐ I understand that the $400 production fee is due within 72 hours of accepting a role.

☐ I understand that costumes and shoes will be an additional cost (approx. $100 or less) and will be advised nearer the show date.

Auditionee Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____