

MOORESTOWN THEATER COMPANY

2019-20 AUDITION FORM (Please print all information neatly.)

A non-returnable photo **MUST** be attached here.
(This improves your chances of getting a part, as it is easier to cast you if we can see who you are!)
Thank You!

Production Name: _____
Name: _____
Address: _____
City, State, Zip: _____
E-Mail: _____

School (2019-20): _____ Opening Night Grade (2019-20): _____ Height: _____
Your Home #: _____ / _____ Birth Date: ____ / ____ / ____ Opening Night Age: _____
Your Cell #: _____ / _____ Your Work #: _____ / _____

Parental Information Required For Cast Members Who Are 18 And Under

Mom's Name: _____ Dad's Name: _____
Mom's E-Mail: _____ Dad's E-Mail: _____
Mom's Cell #: _____ / _____ Dad's Cell #: _____ / _____
Mom's Work #: _____ / _____ Dad's Work #: _____ / _____

Voice Part: Soprano _____ Mezzo _____ Alto _____ Tenor _____ Baritone _____ Bass _____

Auditioning For: Lead Role(s) _____ Minor Role _____ Any Part You Think _____ Chorus Only _____
(list in order below) (list in order below)

1. _____ 2. _____ 3. _____

Past musical theater experience (write more on back or attach resume):

Date	Name Of Show	Role	Theater Group
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past acting, voice or dance lessons (write more on back or attach resume):

Years	Type Of Lessons	Teacher	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list below any conflicts with our planned rehearsal schedule as posted on our website (click on "Calendar"):

