

LSOH 2017 - AUDITION FORM



STUDENT INFORMATION

Name: _____

Street Address: _____

City: _____ Zip: _____ Home Phone #: _____ Cell Phone #: _____

Email: _____

Gender: Male Female Grade: 6th (2023) 7th (2022) 8th (2021) 9th (2020) 10th (2019) 11th (2018) 12th (2017)

School: _____ Height: _____ T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name(s): _____

Relationship to Student: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Parent Email: _____

AUDITION INFORMATION

Please consider me for the following role(s). Circle all that apply.

MALE ROLES

SEYMOUR MUSHNIK

AUDREY II (VOICE) ORIN

MALE OR FEMALE ROLES

AUDREY II (PUPPETS) ENSEMBLE

FEMALE ROLES

AUDREY CRYSTAL

CHIFFON RONNETTE

Voice Part: SOPRANO ALTO TENOR BASS

Audition Song: _____

Are you available for a call-back on Sunday, May 21 @ 2 pm? YES or NO

If not cast, would you like to be considered for the technical crew? YES or NO

CASTING DISCLAIMER: CYT desires to include as many students as possible in its productions, however each production has a **limited** cast and crew size. As interest in CYT continues to grow, the integrity of the program requires that we cast the strongest talent available. Participation in CYT classes does NOT mean a student will be cast in a CYT main stage production. Likewise, prior participation in a CYT production does NOT guarantee a role in the cast or crew.

By signing this audition form, I affirm that I am interested in being a part of *Little Shop of Horrors* and will accept any role offered to me.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____