



GREAT Studios  
919 W St. Germain St Suite 3000  
St. Cloud, MN 56301  
www.GreatTheatre.org

**Audition Form**

Is there a specific role you would like to audition for? If yes, list \_\_\_\_\_

Are you willing to accept any role?  Yes  No  Explain:

If you are auditioning with any other family member, please list their name(s) \_\_\_\_\_

Are you willing to accept a role if your family member doesn't get cast?  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_  M  F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18, Parents Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

School/Occupation \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Hair color \_\_\_\_\_ Weight \_\_\_\_\_

Please list previous experience including theatre, music & dance (i.e. choir, instruments, camps, previous plays):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are not cast and over 15 years old, would you be interested in working backstage on this show?  Yes  No

**Please list all known conflicts with proposed rehearsal schedule in the space below. Make sure you think about conflicts including sports, dance, church, vacations, etc.**

***Everyone must be at all final rehearsals and all performances.***

Conflict Date:	Time:	Reason:

Thank you! PRINT, FILL OUT AND BRING WITH YOU TO YOUR AUDITION.