

SACRED HEART ACADEMY
 Theatre Arts Program
Musical Theatre Audition Form for School Year 2015-16

***BRING FIRST DAY OF CLASS
 Tuesday, September 8, 2015

Type or print neatly; form will be used for all further correspondence. You may complete this form digitally and submit it via email as an attachment *or* print it and send with additional documents in **hard copy** the first day of class.

Enter responses in text boxes to right of requested information. For the questions with printed answer options, check, highlight or circle the boxes for the answer(s) that are relevant.

FULL NAME of Applicant:					
Nick name, <i>or</i> what name you prefer to use:					
HOME ADDRESS: (Number, Street, City, Zip)					
EMAIL ADDRESS:					
HOME PHONE #:					
CELL PHONE #:					
PARENT <i>or</i> LEGAL GUARDIAN NAME 1:					
PARENT <i>or</i> LEGAL GUARDIAN NAME 2:					
CURRENT AGE:					
CURRENT GPA: (Standard, Weighted, or Both)					
GENDER: (Circle or Highlight Answers)	MALE	FEMALE			
GRADE:					
Do you read music?	YES	NO			
Do you play an instrument? If yes, specify:					
What is your vocal type/range? (Circle more than one if necessary)	Bass- Baritone	Tenor	Alto	Soprano	Unknown
Are you able to make it to all the Rehearsals and Tech week? If not, write which dates conflict.	YES NO				
Do you have access to a piano or CD player at home?	YES	NO			
Note a brief summary of your training/experience:					
ACTING					
Instructor(s)	School/Studio Name and Location	Years of study	Hours Per Week	Level of Class (Beginner-Advanced)	

DANCE				
VOICE				

WITH THIS APPLICATION FORM ATTACH/INCLUDE A PHOTO OF YOURSELF (A DIGITAL PHOTO OR HARD COPY PHOTO THAT CLEARLY REPRESENTS YOU). THIS PHOTOGRAPH IS ONLY TO SERVE AS A REFERENCE AID FOR THE AUDITION COMMITTEE. NOTE: AUDITION MATERIALS WILL NOT BE RETURNED TO CANDIDATES.

(You may also attach/include a performance experience résumé with this application form)

Email completed form and supporting documents to: klennon@sacredheartgr.org