

Member _____

Children's Theatre of Annapolis

Number _____

Alice in Wonderland, Jr.

PLEASE PRINT CLEARLY AND RETURN TO REGISTRATION DESK.

Name: _____

Birthdate _____

Address: _____

City, Zip _____

Home Phone: _____

Email: _____

Cell Phone: _____

School: _____

Grade: _____

Graduation Yr.: _____

Ht: _____

Wght: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City, Zip _____

Phone No. _____

Phone No. _____

E-mail: _____

E-mail: _____

Please list any Dance, Music (Vocal or Instrumental or Acting Training) you have had: _____

Do you read music? _____ Do you play an instrument? _____ What instrument? _____ Played how long? _____

List any special skills you have (tumbling, cartwheels, juggling, etc.) _____

What do you consider your self? Rank from 1-3, 3 being strongest- _____ actor _____ dancer _____ singer

List last three musical shows in which you appeared & the role you portrayed:

1. _____

2. _____

3. _____

What song are you singing for your audition? _____

What role are you auditioning for? _____ Would you accept an ensemble role? _____ yes _____ no

If not cast in this production, I am interested in working on the show in another capacity such as backstage or ushering: _____ yes _____ no

Please list all conflicts which would interfere with the Rehearsal Schedule (Tues. & Thurs. Evenings & Sun. Afternoons), Tech Week & Shows. Be Complete!! Conflicts Will Not Automatically Exclude You From Being Cast!! (Use the Back If Necessary.)

Are you currently in or planning to audition for any other shows? _____ yes _____ no What Show(s)? _____