

ARCHBISHOP HOBAN THEATRE

Proudly presents:



AUDITION FORM

PLEASE PRINT LEGIBLY

Student Name: _____ Grade: _____

Hoban Email: _____ Mobile Phone: _____

1. Have you been in any dance, drama programs, plays or musicals? Please list. Use back if needed.

2. Do you play a musical instrument? _____ N/A (musical only) _____

3. *List extra-curricular activities (sports, lessons, clubs, etc.) will you be involved in during the show season that will conflict with rehearsals? Remember that rehearsals could be any day from 3:00-6:00 PM and later during Tech and Show Weeks, September through October, Mondays through Fridays, as well as some weekends. List all days and times. Use back if needed.

***Cast selection WILL BE based on your listed conflicts.**

*** Please sign and date below after you have read the following statement: ***

I, _____, am interested in being in this musical and will accept ANY role offered to me.

Name: _____ Date: _____

Student Signature