

# ARCHBISHOP HOBAN THEATRE

Proudly presents:



## AUDITION FORM

\*PLEASE PRINT LEGIBLY\*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

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

2. Do you play a musical instrument? \_\_\_\_\_

3. \*List extra-curricular activities (sports, lessons, clubs, etc.) will you be involved in during the musical 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, January through March, Mondays through Fridays, as well as some weekends. List all days and times. Use back if needed.

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

**\*Cast selection WILL BE based on the number of other activities you're involved in.**

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\*\*\* 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