

Audition # _____

The River Hill Theatre Arts Department
Audition Form – *Annie Get Your Gun*

Name: _____ Grade: _____

Home Phone: _____ Student Cell: _____

Student E-mail _____

Home Address: _____

Schedule	Lunch Shift:	
Period	Course	Teacher
1		
2		
3		
4A		
4B		
5		
6		

For which role(s) would you like to be considered? _____

Will you accept an understudy role?

Are you interested in the job of student director? Yes No

Carefully consider the rehearsal schedule and your personal schedule between now and March 22. Please list ALL conflicts that you foresee during this time. Be honest and thorough. Use the back if necessary.

BE SURE TO COMPLETE THE BACK OF THIS FORM

List below any training you have had in the following areas. Be sure to include teachers and/or studios.

Voice: _____

Dance: _____

Acting: _____

List below any on stage performing experiences. Begin with the most recent. If you have a picture and resume, attach it.