Audition Form

#____Name:_____ Parent/Guardian(s)_____

Home Phone Number: _____ Cell Phone Number(s): _____

Youth email Address: _____ Guardian's email address:_____

West Jordan Youth Theatre can send event information to the email address: Yes or No

Age: _____ Height: _____ Shirt Size: _____ Pant Size: _____

What are you interested in doing with the theatre? Select all that apply:

Cast Member Choreography Stage Crew Lights/Sound Costumes Set

Interests, experience and talents (any dancing, singing, musical instruments, sports, accents?):

_____

_____

_____

Can you attend all performance dates and rehearsals (check our calendar!!!) Y N
If not, which dates can you not attend? (example: Tuesday afternoons I have another lesson, etc)

_____

*****DO NOT WRITE BELOW -TO BE COMPLETED BY WJYT*****

#___

Voice

Movement

Confidence

Consider part