

Rocklin Community Theatre Audition Form - Youth

Child's Name:			
Age :		School Grade:	
Parent's Name(s)			
Mailing Address(es):			
Parent Cell Phone(s):			
Actor's Cell Phone:			
Home Phone(s):			
Parent's Email:			
Actor's Email:			
Other Email: (Other family member, etc)	Email Owner's Name	Email Address	
Emergency Contact(s): (Name and phone)			

What part(s) are you auditioning for?
Will you accept other roles including chorus? YES NO (Circle your choice)

EXPERIENCE / TRAINING (Or attach resume)
Previous shows:
Vocal:
Other training including Dance & Gymnastics :
Do you play any musical instruments (even beginner level):

OTHER INFORMATION (Ride Sharing - same cast with certain person, Food Allergies, etc)