Audition Form

Seussical, Jr. Performing February 21 & 22 @ 7 pm February 23 @ 2 & 7 pm @ PRMS

Student	Parent
Name:	Name:
Grade:	Best
	Phone:
Student	Theres.
Email	——— Parent
	Email
	
Height:	
	dult Sizing):
Shoe:	
•	ollowing dates at the cost of \$5 per meal. Please wishes to participate or if they will be bringing their will be due by January 26th.
om mear on that date. Meney	wiii be due by carracity fear.
Vegetarian options will be prov	rided at every meal. Dietary restrictions may be
accommodated. Meal selection	ns will include: pizza, jason's deli, chicken express,
chick-fil-a, etc.	
0/0	
2/2 2/12	
2/12	
2/23	
2120	
Opt Out of all meals	

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Student: Please list any performance experience you have had with theatre prior to this point (school plays, in theatre class currently, dance or singing lessons outside of school, gymnastics, etc.)	
Student: Please list any special skills that you have: Dance, Magic, Sports, Juggling, Music (Singing & Instrumental - list instrument)	
Parents: Please review the rehearsal calendar and indicate any conflicts on the calendar itself. All students must attend at least two rehearsals per week, all Saturday rehearsals and all rehearsals beginning on February 11th.	
I have read the information packet and I consent to my child committing to participation in the musical.	
Parent Signature	