TALENT SHOW Audition Form: Stage Act

Please complete this side and the schedule on the back PRIOR to your audition. You <u>MUST</u> bring this form completed in order to audition!

Name:	Gra	de:	_ Student ID #:
Home Number:	Email Ad	dress:	
Parent / Guardian Name:			
Parent / Guardian Email Address:			
Act you are auditioning:			
Other act participants (if applicable)	:		
Are you auditioning with a backing (If you answered "YES" to this question, purned as a CDA file on a CD. YOU WILL NOT BE ABLE TO PLAY Y	please make sure that yo	our track is a	
Are you riding the activity bus? [If you answered "YES" to this question, reductions tend to run long. Signing up for take the activity bus home.)	make sure to sign up for	an audition	
Which day(s) are you available to re In general, all participants are expected to Please see the tentative calendar include	o be able to rehearse on	Tuesdays,	Wednesdays, and Thursdays.
☐ Tuesday ☐ Wee	dnesday	□ Thurs	day
Are you ready to commit to the Tale December 8 ?	ent Show as a priority	until the	performance date on <u>Friday,</u>
☐ YES ☐ NO			
Please provide any previous acting	/stage/singing experi	ence:	

N

Period	Class	Teacher	Room No.
1			
2			
3			
PRIDE	PRIDE		
4			
5			
6			
7			

DII	RECI	ror	NOT	ES	(Do not	t write in the space below)
Stage Presence:	1	2	3	4	5	NOTES:
Entertainment Value:	1	2	3	4	5	
Level of Polish:	1	2	3	4	5	
						Nomeo.
Singing Tone:	1	2	3	4	5	NOTES:
Singing Pitch:	1	2	3	4	5	
Singing Vol. & Exp.:	1	2	3	4	5	
Read Music:	Yes		No			
Spoken Diction:	1	2	3	4	5	
Stage Presence:	1	2	3	4	5	
Concentration:	1	2	3	4	5	
Dance/Movement:	1	2	3	4	5	
Call Back:	Yes		No			