

“High School Musical” Audition Form/Questionnaire

Thanks for considering to tryout of this year’s musical! It means a lot to us that you are here! Please fill this form out as thoroughly and honestly as possible and be ready to answer any questions we may have concerning it. Please remember to have these forms completed when you come to auditions!!

NAME: _____ **GRADE:** _____ **Age:** _____ **Height:** _____

Parent Phone #: _____ **Student Phone #:** _____

Parent Email address: _____

Student Email address: _____

ROLE(S) DESIRED: _____

1. If you do not get one of your “desired” roles, would you be willing to accept ANY role?

YES OR NO

2. Have you ever sang in a choir before? YES OR NO

a. If YES, what choir was it? _____

b. If YES, what part did you sing? Circle one: Soprano Alto Tenor Bass

3. Have you ever performed a solo in front of an audience before? YES OR NO

4. Do you have ANY conflicts with the proposed practice schedule? If so, list here

(please include extra-curricular sports, church activities, work, and vacations)

5. Would you be able to get out of any of the conflicts listed above for drama? If so, please explain:
