young People's Theater

The Drowsy Chaperone 2019-20

Audition # _____

Name					Schoo	School		
Address	/City/State/Zip							
	Email Addressed Pronoun(s)				Actor'	s Cell Phone		
Grade Age Birthdate		Hair Color Eye Color Heightft. in			Pant Size Shirt/Blouse Size Skirt Size		Shoe Size	
	I am willing to accept an	y role in YPT'	s The Dro	wsy Chapero	ne 2019-2	<i>0</i> production.	Signature	
	role unless your sibling(s	s) is cast, indi	cate that u may lim	in the explan it your possil	ation. You	ur written expla	and why. If you are unwilling to accept a carrier will enable casting to proceed ting what roles you will accept.	
Parents Home P Cell Pho Work Pl Email A	ne # none #			rent #1			Parent #2	
Acting E	xperience - Attach resum	ne if needed.						
Singing	Experience - Voice Part -	Check One:	Bass 🗆	Tenor □	Alto □	Soprano 🗆	Don't Know □	
	a nd Movement Experienc Il That Apply: Ballet □		Jazz 🗆	Lyrical 🗆	Тар 🗆	Gymnastics E]	

Skills and Training Related to Performing (e.g. accents, musical instruments, juggling, etc...):