

# The Lion King Audition Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_

Parent/Guardian Names:

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent email(s) - please list all, separated with a semicolon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child email (if applicable): \_\_\_\_\_

Parent cell phone(s): \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Child cell phone (if applicable): \_\_\_\_\_

**Emergency Contact** (if parent/guardian above cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## Please Answer the Following:

**1) Please list any conflicts you have with the dates & times listed below:**

Possible rehearsal times: weekdays (Monday through Friday during the months of September and October, and November 1st through 19th)

Tentative performance dates: November 10, 11, 12, 17, 18, 19

**2) Please list two adult, non-family member references (teacher, coach, work supervisor, volunteer leader, etc.) who think highly of you:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone or email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone or email: \_\_\_\_\_

**3) Is there any specific support you need to be successful?**

**4) Is there anything else you would like us to know about you or your experience?**

**5) Do you have any singing or musical experience? (please describe)**

THANK YOU FOR AUDITIONING!!