## JUNIOR UNIVERSITY AUDITION FORM

Please Print

# \_\_\_\_\_

	First Name Middle Last (As you would like it to appear in the program)
	Have you auditioned for JU before?
	Will you accept other roles?
	Address:
	City, State, Zip:
	Primary Phone ()Unlisted
	Alternate Phone ( )Unlisted
	E-mail Address:
	Emergency Contact 1 Primary Phone()
ong:	Emergency Contact 2 Primary Phone ( )
Birth Date://	Age: (Must be at least 9 years old)
Gender: Female Male	Height:" Weight:
<b>Training and Experience</b> Vocal:	
Гуре of voice:	Do you read music?
stage and Drama:	
Dance:	
Please list all theatrical/musical pe back.	rformance experience you have had in the <b>past three years</b> on the ditions: JU Postcard: Newspaper: Friend: Online: