



NEWSIES
YOUTHSTAGE SPOTLIGHT 2023
AUDITION FORM

Student Name: _____ Pronouns _____

Date Of Birth: _____ Age: _____ Grade Level: _____

Parent Name: _____ Pronouns _____

Best Contact Email(s): _____

Contact Phone Number: _____ OK to text?: Y N

Address: _____

Has this student auditioned for us in the past? If so, for what production/program?

Has the student received the COVID-19 vaccine?: Y N

(Please note that all students 5 and up are required to be vaccinated in order to participate in any of our programs. Exceptions will be made for students with documented legal medical/religious exemptions.)

Please list any relevant theater/music/dance/performance experience: