



NEW STUDENT AUDITION FORM

Student Name: _____ Pronouns _____

Date Of Birth: _____ Grade Level: _____

Parent Name: _____ Pronouns _____

Contact Email: _____

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

Address: _____

Please rank preferred sections (see details on back):

Becoming Robin Hood 1: ____

Becoming Robin Hood 2: ____

Head Over Heels (HS edition) 1: ____

Head Over Heels (HS edition) 2: ____

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

(Please note that all students 12 and up are required to be vaccinated in order to participate in any of our Spring '22 programs. Exceptions will be made for students with documented legal medical/religious exemptions.)

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