

# HVERFORD SCHOOL AUDITION FORM

NAME:

PHONE NUMBER:

GRADE:

SCHOOL IF NOT HVERFORD:

EYE COLOR:

HAIR COLOR:

BIRTHDATE:

APPROX HEIGHT:

SINGING RANGE:

---

PREVIOUS ACTING EXPERIENCE/TRAINING (FOR PRODUCTIONS, INCLUDE TITLE, PLACE, ROLE, YEAR):

**IMPORTANT**--PLEASE NOTE ANY SCHEDULING CONFLICTS (DAYS AND TIMES) ON WEEKDAYS AFTER 5:30 PM AND ON WEEKENDS (PLEASE INCLUDE ANY ONE-TIME CONFLICTS AND BE SPECIFIC ABOUT DATES):

WRITE YOUR PHILOSOPHY OF LIFE IN 25 WORDS OR LESS:

IS THERE ANYTHING ELSE YOU THINK I SHOULD KNOW ABOUT YOU?