

PVST JR. AUDITION FORM

Please write neatly

NAME: _____

Home Town: _____ School: _____ Grade in
fall _____

Student Email (NOT school email):

Parent/Guardian Email: _____

Parent/Guardian Phone#: _____

How did you hear about us? _____

Audition Song Selection: _____ From/Artist

Roles that you are interested
in: _____

Would you take a role in the ensemble? (circle one) Yes No

Dance experience and any other
skills? _____

Conflicts: (Please be specific and
honest) _____

Previous Theater Experience: (use back of form if needed)

****Please do not write below the line, for Staff use only**

SINGING

DANCE

1 2 3 4 5 1 2 3 4 5

Callback: YES NO