



Audition Form

Audition # _____

(for board use only)

First Name _____ **NO LAST NAME PLEASE** Best Contact # _____
Grade _____ Age _____ Height _____ T-shirt size: Youth or Adult S M L XL
Hair color _____ Eye Color _____
Vocal Range (if known): Lowest Note _____ Highest Note _____
Have you taken voice lessons: Y/N If Yes, how many years? _____
Years Theatre/Drama _____ Years in school Choir _____ Years in Dance Lessons _____
Type of Dance Lessons if taken: _____

List any instruments you play: _____
Tumbling experience: _____

What size role are you interested in? (Circle Preference) LEAD CHORUS SPEAKING/SOLO
Is there a specific role you are auditioning for? (see JuMP Co. website for list of roles)

If not given the role you want, will you accept another role? (circle one) Yes or No

If not given a role, would you be interested in participating in a production role? Yes or No
If yes, what areas interest you: Tech crew Set Crew Hair and Makeup Costumes
Other: _____

Theater experience:

Potential scheduling conflicts- Please list any schedule conflicts that you are aware of that could interfere with the rehearsal schedule. (Family vacations, graduations, end of year concerts/recitals, church camps, etc.) *Please review the attendance policy before signing membership form.

Are you currently performing/rehearsing anything now? Please note the show & schedule:

Do you have any food allergies? Y or N (circle one) if yes, what? _____
Are there any other things you feel would be important for the Creative Team or JuMP Company Board to know about you? _____

(Please DO NOT write below this line. For Director use only)

DIRECTORS NOTES

(Rate 1-5: One being outstanding.)

Singing: 1 2 3 4 5

Female high (soprano) • Female low (Alto)

Male high (unchanged) • Male low (changed)

Can the student read music? Yes No

Spoken Diction: 1 2 3 4 5

Stage Presence: 1 2 3 4 5

Concentration: 1 2 3 4 5

Dance/ Movement: 1 2 3 4 5

Comments/Notes:

Possible Roles: