



Young People's Theatre Company, Inc.

1200 Spring Street
Michigan City, IN 46360

Audition Form

Please complete all of the information. Please print clearly.

For which role are you auditioning? _____

Will you accept any role offered? (check one) Yes No

Vocal Range _____

Name: _____ Pronouns: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Cell: _____ Email: _____

Best way to contact: _____

Age: _____ Date of Birth: _____

School (Name & City): _____

How did you find out about this audition? _____

Have you auditioned for YPTC before? (check one) Yes No

If under 18 years old please complete the next section.

Parent or Guardian Name: _____

Cell Phone: _____ Email: _____

Address (if different from above): _____

Best way to contact: _____

Please list your on stage experience. Include the show, role, and where the show was produced. Also include any theatre, vocal, or dance experience you have.

Would you be interested in working tech on this or any other production? Yes No

What other skills do you have that might be useful to this or any other production? _____

Rehearsal Conflicts

Please list all conflicts

Minor conflicts will not affect casting. However, if you are cast and other conflicts come up, which are not reflected on this form it is at the director's discretion on how to proceed. Please consider any other activities that you are involved in that have regular meetings, practices, and other after school activities. In accepting a role you are making this production a priority.

You must be at all rehearsals two weeks before the Performances!

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Thank you for coming and Break a Leg!