



Chicago audition form

Please print legibly!

Audition dates:
 Friday, November 17th at 5:30pm, Saturday, November 18th at 10am
 Performance dates:
 February 10th, 15-17th

Name _____ Birth date ____-____-____ Age____ Height____

Parent/Guardian Name(s): _____

Mailing Address _____ City _____ Zip _____

Cell Phone _____ 2nd Cell Phone _____ Work Phone _____

E-mail _____ School _____ Employer _____

May we provide your contact information to other cast members? _____

Do you give permission to the FOA to use your face in promotional and marketing materials for the production and the FOA at large? (please note that your answer to this may impact casting).

- I DO give permission
- I DO NOT give permission

Please check all the statements that apply to you:

- In addition to/in lieu of being on stage, I can help with _____
- Please consider casting me only in a **non-speaking** role.
- I would like a solo
- If I'm not cast in a solo role(s), feel free to **consider me for any role.**
- Please do not consider me for the role(s) of _____
- Please take the following physical condition(s) into consideration if I am cast:

I am willing to work on the set and/or costumes whether or not I am cast

Are you currently registered for classes at the FOA? _____ If yes, which one(s)? _____

 If you have taken FOA classes in the past, what were you enrolled in and when? _____

 Do you have dance experience, especially in tap? If yes, please tell us more here: _____

