

Children's Theatre of Annapolis
Audition Form for *Disney's Beauty the Beast*

Please print clearly & return these forms to the registration table.

REMEMBER YOUR NUMBER

Audition #: _____

Name (First Name Only): _____

Gender: M / F

Age (as of today): _____

Height: _____

Weight: _____

What role are you auditioning for? _____

Would you accept an ensemble role? _____ Yes _____ No

What song are you singing for your audition? _____

TRAINING / SPECIAL SKILLS

Please list any Acting, Dance, Vocal, Musical Instrument training you have had & how long you've been training.

List any special skills you have (tumbling, speaking with an accent, juggling, etc.): _____

Do you read music? _____ Yes _____ No

What do you consider your self? Rank from 1-3 (*1 being strongest*).

_____ Actor _____ Dancer _____ Singer

PERFORMANCE HISTORY

List the last three musical shows in which you appeared & the role you portrayed:

1 _____

2 _____

3 _____

ARTISTIC STAFF USE ONLY