

Audition #: \_\_\_\_\_

Children's Theatre of Annapolis  
Audition Form

**Teen Traveling Acting Group (TAG)**

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

**REMEMBER YOUR NUMBER**

Name (First Name Only): \_\_\_\_\_

Gender: M / F

Age (as of today): \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**TRAINING / SPECIAL SKILLS**

Please list any Acting training you have had & how long you've been training.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

List any instruments you play. \_\_\_\_\_

Do you read music? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PERFORMANCE HISTORY**

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

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**ARTISTIC STAFF USE ONLY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_