Audition/Interest Form- GA Spring Musical

***Please complete this form and bring it with your $100.00 performance fee to your audition. To pay electronically, click the link coming soon to gamusicboosters.org .**

Name: _____ **Grade:** _____

My phone number_____

My email: _____

Preferred roles:

1. _____
2. _____

Experience: (Name plays you have been in, what character you played, and theater company if not GA. Or if no experience, "first play" and say why you want to join!)

_____

_____

_____

_____

Have you taken dance classes? If so, what types? _____

_____

_____

Favorite Hobbies: _____

Other information (Required for casting & costuming):

Height: _____ Waist Measurement: _____

Parents' names _____

I give permission for _____ to audition for and take part in the 2027 GA Spring Musical.

_____

(Parent signature)