

## Audition/Interest Form- GA Spring Musical

**\*Please complete both sides of this form and bring it with your \$50.00 performance fee to your audition.**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My phone # \_\_\_\_\_

My email: \_\_\_\_\_

Preferred roles:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Past 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!)

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Favorite Hobbies: \_\_\_\_\_

Other information (Required for casting & costuming):

Height: \_\_\_\_\_ Waist Measurement: \_\_\_\_\_

Parents' names \_\_\_\_\_

\_\_\_\_\_ \*I would like to submit payment electronically. Please send invoice to:  
\_\_\_\_\_ (email address)

\_\_\_\_\_ Check or cash payment is attached.

I give permission for \_\_\_\_\_ to audition for and take part in the 2024 GA Spring Musical.

\_\_\_\_\_  
(Parent signature)