

Audition #: _____

The Wizard of Oz AUDITION FORM

NAME: _____
First Last

PHONE: (_____) - _____ - _____

E-MAIL: _____

GRADE: _____ AGE: _____

Please list your previous experience:

Show Title/Theatre Company	Role(s)
_____	_____
_____	_____
_____	_____
_____	_____

Special Skills: _____

Rehearsals will be on Tuesdays and Thursdays from 4:00pm – 6:00pm.

I have no outdates.

I am not available on:

**Please Staple a recent picture to the back of this form.
Thank you for auditioning! Break a leg!**