ELEMENTRY (grades1-6) AUDITION CARD

Student's LAST Name: _____

FIRST Name: _____

Dance Experience_____ Number of years_____

Comfortable singing on stage: Yes__ No__ Experience Yes___ No___

Solo Experience_____ Range if known_____

Gymnastic Experience_____

Please share any other strengths and/or challenges useful in casting.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Age _____ Height_____

For identification purposes, list a few of your distinguishing features, including what you are wearing the day of your try out.

_____

_____

_____

_____

_____

_____

_____

DO NOT WRITE BELOW THIS LINE

_____

_____

_____

_____

_____

_____

_____

APPEARANCE: _____ Suitable _____ Non Suitable

VOICE: _____ Strong _____ Weak _____ Flexible

EMOTION: _____Believable _____Surface _____Inhibited

MOVEMENT: _____ Natural _____Stiff

Suited for: