

# High School Musical Jr. Audition Form

(Please write as neatly as possible so I can read your handwriting)

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

## Parent/Guardian Contact Info

Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any performance experience you have as well as any special skills you'd like us to know about (Dancing, instruments, juggling, basketball... etc.):

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List any parts or roles that you are particularly interested in:

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What days are you available after school for rehearsal? (Check days you ARE available. This will not necessarily affect your casting)

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

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**This space for Director Notes Only**