



WEST VALLEY LIGHT OPERA
Audition Form
Bullets Over Broadway

Please print clearly

Name:			
Audition song:			
Address:			
City:		Zip:	
Home phone		Cell Phone:	
E-mail:		Birthdate:	
What is the best way to contact you?	email	text	phone
Vocal range:	S A T B	Do you read music?	Yes No
Have you done part singing?	Yes No	Where?	_____
Please list: _____			
Do you have any dance training?			Yes No
If so, please indicate the styles and number of years and where you have studied:			
Are you willing to change your hairstyle?			Yes No
Men: Are you willing change your facial hair?			Yes No

