



WVLO Musical Theater
Audition Form
Spamalot



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 |

