



**WVLO Musical Theater**  
**Audition Form**  
**42nd Street**



Please print clearly

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

