



TICKET ORDERS:  
P.O. BOX 105515  
JEFFERSON CITY, MO 65110-5515

TICKET LINE: 573-681-9400  
[www.tltjc.org](http://www.tltjc.org)

## AUDITION FORM

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

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Gender \_\_\_\_\_

Role(s) Auditioning For: \_\_\_\_\_

Previous Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Music and Dance Experience (usually for musicals only):

SOPRANO \_\_\_ ALTO \_\_\_ TENOR \_\_\_ BARITONE \_\_\_ BASS \_\_\_ DON'T KNOW \_\_\_

DANCE EXPERIENCE: YES NO WILLING TO TRY

Would you accept a part other than what you auditioned for? YES NO

Conflicts: (List them ALL. Just because you have conflicts does NOT mean you will NOT be cast. We just need to know for scheduling purposes.)

\_\_\_\_\_

\_\_\_\_\_

Anything else you want to tell us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Experience the *Creative* stage of life.**