



1005 Chestnut Street
Jefferson City, MO 65101
www.tltjc.org

AUDITION FORM

Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Age: _____ Height: _____

Gender Identity: _____ Pronouns: _____

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.