

ELEMENTARY (grades 1-6) AUDITION CARD



Student's LAST Name: _____

FIRST Name: _____

Dance Experience _____ Number of years _____

Comfortable singing on stage: Yes ___ No ___ Experience Yes ___ No ___

Solo Experience _____ Range if known _____

Gymnastic Experience _____

Please share any other strengths and/or challenges useful in casting.

Age _____ Height _____

For identification purposes, list a few of your distinguishing features, including what you are wearing the day of your try out.

Please check to confirm: My child MAY be cast in and will be available for, the high school play if needed

DO NOT WRITE BELOW THIS LINE

APPEARANCE: ___ Suitable ___ Non Suitable

VOICE: ___ Strong ___ Weak ___ Flexible

EMOTION: ___ Believable ___ Surface ___ Inhibited

MOVEMENT: ___ Natural ___ Stiff

Suited for: