Peter Pan
JUNIOR THEATER

Audition Form

Peter Pan Junior Theater

ONCE UPON A MATTRESS

Audition No.

Name_____

Address_____City_____Zip_____

Current School_____ Grade_____

Elementary School You Attended _____

Adult T-shirt size_____

Email Address (**print neatly**)_____

Parent 1 First and Last Name_____

Phone_____

Parent 2 First and Last Name_____

Phone_____

Height____ft. ____ in. Age_____ DOB: Month_____ Day_____

Parent Signature_____

How did you hear about PPJT? _____

Photo

AUDITION SONG _____

Have you ever auditioned for PPJT before today? _____Yes _____No
If yes, how many times?_____

CAST REQUIREMENTS
At the discretion of the Production Team cast members may be required to cut, braid, style, color or de-color their hair for the show.

LIST ANY POSSIBLE REHEARSAL CONFLICTS:
Conflicts will be a casting consideration.

Call Back preference: Thursday Sept. 3_____ Friday Sept. 4 _____
(We will do our best to accommodate your preference but <u>there are no guarantees</u>.)

Do Not Write Below This Line

Audition Notes