When completing your audition form, please be sure you have listed the parts you will accept, including ensemble. Listing YES to a role or ensemble and then dropping the show because you are unhappy with the casting reflects poorly upon you, and will be considered in future auditions. If at any point during auditions or callbacks you would like to update your Audition Form, let us know. It is imperative that the casting team has this information before casting the show.

Rocklin Community Theatre Audition Form - Youth						
		7.00.000				
CONTACT INFORMA	TION:					
Actor's Name						
Age		DOB		Grade		
Actor's Cell Phone						
Parent's Name(s)						
Cell Phone(s)						
Will you accept ense						
If you will not accept	ensemble, ple	ase list what ro	les will yo	u accept.		
Named Role(s):						
EXPERIENCE / TRAII	NING (or attach	n resume: do not	complete i	f attaching resu	 me)	
Previous shows / rol	·	<u>, </u>	<u>'</u>		,	
Vocal:						
Dance:						
OTHER INFORMATION	ON (allergies, ri	de share, etc.)				