AUDITION FORM-Bangor Performing Arts Program

Name			Badge #
Age	Grade Completed	School	_____ Male_____ Female
Show you are auditioning for:			
Roles you are interested in:			

If you are not cast in the above role(s) will you accept another speaking role?	_____Yes _____No
If you are not cast in the above role(s), will you accept a chorus role?	_____Yes _____No
Are you willing to accept a role if not everyone in your family that auditions is cast?	_____Yes _____No
Where did you hear about Bangor Performing Arts Program?	T-shirt Size: YS YM YL S M L XL XXL
Parent/Guardian Name (if under age 18)	Parent Email (if under age 18)
Street Address	City
Home Phone	Cell Phone
Student Email	Student Cell Phone
Theatrical Experience: Please be specific, including show, year, and group.	
Dance Experience: Please be specific, including type of dance, years of experience, studio.	
Music, Vocal Experience: Please be specific, including choirs, voice lessons, etc.	
Special Skills: Juggling, magic, gymnastics, etc.	