

A BROADWAY KIDS COMPANY

Audition Form – SIX: Teen Edition (Please send completed form to info@abroadwaykidscompany.com)

Audition Date: Saturday, May 16

Time: 4:00 PM – 7:00 PM (Audition 4:00–6:00 PM | Dance Call 6:00–7:00 PM)

Performer Information

Full Name: _____

Date of Birth: _____ Age: _____ Grade (Fall 2027): _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Experience & Training

Have you performed with ABC before? Yes / No

If yes, which productions/classes: _____

Vocal Training: _____

Dance Training: _____

Acting Experience: _____

Audition Details

Roles interested in: _____

Vocal Range (if known): _____

Comfortable with choreography? Yes / No

Conflicts

List conflicts between Sept. 6- Nov. 5 Performance Dates: Nov.6 and Nov. 7

Commitment Agreement

Rehearsals are mandatory unless approved. Attendance, effort, and a positive attitude are expected.

Audition Fee

\$50 audition deposit required. If not cast, refund issued (processing fees non-refundable). Once cast, you must register before the cast list comes out. **Venmo** - @jody-schultznichols or **Zelle** - 508.843.1589

Parent/Guardian Acknowledgment

Name: _____ **Signature:** _____ **Date:** _____

Performer Agreement

Signature: _____ **Date:** _____