



Broadway Bound Youth Theatre Foundation Audition Form "SEUSSICAL"



Name _____ Mobile Phone : _____

Address _____ City _____ Zip _____

Day Phone _____ Home Phone: _____

Email _____ School _____

Mother/Guardian Name: _____ Father/Guardian Name : _____

Age: _____ Grade: _____ Height: _____ Weight: _____ Hair Color: _____

What is your dream role? _____

What is/was your most recent musical theatre production? _____

Previous Experience - List all information, most recent first: (Within the past 3 years only) or attach resume

Show _____ Role _____ Place _____ Year _____

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Please list your training (vocal, drama and dance) or attach resume.

Vocal _____ Drama _____ Dance _____

Vocal _____ Drama _____ Dance _____

Vocal _____ Drama _____ Dance _____

List any special talents or interests you have: (gymnastics, reading, etc...)

Please explain any possible conflicts with rehearsals,
or performances, school activities, etc...

Vacations: _____

Bottom Portion for Office Use Only, thank you.

Audition Song: _____

Vocal Ability: _____

Vocal Range: _____

Cold Reading: _____

Role (s) Consideration: _____

**TAPE
PHOTO
HERE**

Very Important, so
we can cross reference
at the end of a long
audition day. Helps us
put a face to the name.
Thank you.