

BRISBANE MUSICAL THEATRE AUDITION FORM

PLEASE ATTACH A PHOTO IF THIS IS YOUR FIRST PRODUCTION WITH BJT

Production: _____

Role Preference/s: _____

Name: _____

Age: _____ Height: _____ Size: _____

Phone: _____

Email: _____

Address:

Parent/Guardian Name(s): _

How did you learn of this audition: (facebook/radio/website/flyer/friend, etc.):

SCORES AND COMMENTS: (to be filled in by audition panel)

DANCE SINGING ACTING

Previous theatre experience:

(please list your 2 favourite roles)

SHOW: _____

ROLE: _____ COMPANY: _____

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ROLE: _____ COMPANY: _____

DANCE TRAINING: yes no

DANCE COMPANY/s: _____

DANCE STYLES: (please tick)

TAP JAZZ BALLET HIP-HOP CONTEMPORARY

GYMNASTICS/ACROBATICS: yes no

HOW LONG HAVE YOU BEEN TRAINING? _____

SINGING TRAINING: yes no

SINGING TEACHER: _____

HOW LONG HAVE YOU BEEN HAVING LESSONS? _____

VOICE TYPE: ALTO MEZZO SOPRANO SOPRANO BASS BARITONE TENOR

EXPERIENCE SINGING HARMONIES: yes no

PLEASE SIGN TO CONFIRM YOU ARE AVAILABLE FOR ALL REHEARSALS & PERFORMANCES:
