SPAMALOT AUDITION FORM

Name (Please Print N	leatly):			
		Cell Phone:		
Street Address:		City:	Zip:	
E-Mail: (Please Print	Neatly)			
		Pronouns:		
If under the age of 18	3, please complete the	following:		
Parents Names:		Parent Cell Phone:		
Parent E-mail:				
PLEASE CIRCLE THE F	OLLOWING:			
Dance experience?	YES			
	${\sf NO}$ (never been in a musical or have not danced in a musical)			
	MOVER (able to follow choreography within the context of a show)			
If YES, please list style	e & ability level/years o	of training:		
SIZING (SPECIFY KIDS	/YOUTH, JR, ADULT, O	R WOMEN'S/MEN'S):		
T-shirt size:		Shoe size:		-
Pant size:		Dress size:		

Conflicts: Please list on the back of this page & discuss conflicts with the director. Any conflicts given after casting will not be accepted unless given direct permission by the director. Students will be allowed 2 absences. This does not include tech week. Tech week is required, no exceptions. If more than 2 absences occur, we reserve the right to withdraw the student from the production and recast as necessary. Because of the condensed nature of this show, it is imperative you attend every rehearsal, so number of conflicts may affect your casting.

Previous Experience: If you have a resume, please attach. If not, please list your relevant experience on the back of this form.