



Peak Performing Arts

"Elevate your talents"

Staple
headshot on
back of form

PEAK PERFORMING ARTS AUDITION FORM

Name: _____

Age: _____ Height: _____

Phone: _____ Email: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

Previous theatre experience: _____

Special skills or Talents (dancing, singing, musical instrument, etc.): _____

Would you accept any Role given to you? If not, please specify which role (s) you are solely interested in:

Do you have any scheduling conflicts (including weekends) between now and opening night performance?

Anything else the Director should know about? _____
