

Joseph and the Amazing Technicolor Dreamcoat

(Please feel free to attach your résumé)

Name						Sex: F M	
Age		Height		Hair		Grade	
Shirt size		Pant Size		Dress Size		Shoe Size	
e-mail							
Telephone						GPA	
Vocal Range <small>(please circle one)</small>	Girls: Soprano (high)		Alto (low)		Boys: Tenor (high)		Bass (low)
If you are auditioning for a specific role, please tell us which:				Would you like your audition recorded? (this is for your own benefit. You can come and watch your audition after the cast has been posted)			
				YES or NO			
If auditioning for a specific role, would you accept a different role? YES or NO				What other classes or activities are you taking that may conflict with The Musical Rehearsals and performances?			
What is the name of the Song you are singing?							

Theatre Experience (Please include the role you played)

Acting	
Dancing	
Vocal	
SPECIAL SKILLS <small>ie juggling, gymnastics, circus skills</small>	

Please list ALL conflicts you have during the rehearsal and performance period. Please include any vacations, appointments, performances, **other sports or activities, etc.** I will try to work around it with our rehearsal schedule, but **I must know in advance!**

REHEARSALS: Jan-Feb

PERFORMANCES: March 1-5th *Time is subject to change.

Conflicts	

	Conflicts Cont.
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GERNEAL INFORMATION ABOUT SHOW:

- Students are not allowed to audition without turning in the finished audition form and the filled out signature sheet at the time of the audition
- Please refer to the calendar online at grangertheatre.com to see more specific additional dates and times
- Any questions please email Kirsten Anderson at kivins@graniteschools.org or through Grangertheatre.com
- After the cast has been posted you are allowed to come and look at your audition score sheets, talk with Mrs. Anderson about what you can do to improve and watch your film if you choose to have your audition recorded
- General information about Joseph can be found online or on our website grangertheatre.com
- No student will be expected to say or do anything that makes them feel uncomfortable during the rehearsals or performance of this show.
- Any questions or concerns from parents or students should be brought up quickly and professionally with one of the artistic staff.

STUDENT SIGNATURE _____ Date _____

**** PARENT: By signing this form you are giving permission to your student to participate in an AFTER school program. ****

PARENTS NAME: _____ RELATIONSHIP: _____

SIGNATURE _____