

Maverick Theatre Audition Information

(Please Print)

Name: _____

Height: _____ Weight: _____ Age: _____

Academic Year: _____ Do You Drive? _____ Brief Description of Your Attire: _____

Parents Name: _____

Parent's Email Address: _____

Parent's Contact Number: _____

Dance Training (Type – Jazz, Tap, Ballet, etc. and Duration – 3 years, etc.): _____

Music Training (Vocal, Instrumental, etc.): _____

Special Skills (Juggling, Mime, Skateboarding, Elephant Impersonations, etc.): _____

Schedule: (Mark an X through times you are not available):

	Monday	Tuesday	Wednesday	Thursday
4-5 pm				
5-6 pm				
6-7 pm				
7-8 pm				
8-9 pm				

**Please list any further,
specific conflicts:**

Please attach a resume or list any previous performance experience on the back of this sheet.