



# Aloha Performing Arts Company

P.O. Box 794 Kealahou, HI 96750 (808)322-9924 Fax (808)322-1648

## Audition Form

( \_\_\_\_\_ )  
Event

\_\_\_\_\_  
Last Name      First Name      Phone      Email

\_\_\_\_\_  
Age    Gender    Height      Hair Color      Vocal Range

What piece have you prepared for this audition: \_\_\_\_\_

Role Auditioning for: \_\_\_\_\_

Will you accept another role? **Y N** Will you accept a chorus/understudy role? **Y N**

If necessary (you will be notified by phone) are you able to attend a callback audition on \_\_\_\_\_? **Y N**

My Primary Interest is  Singing  Dancing  Acting

Performance/Theatrical Experience: (Please list production, role, organization, and approximate date. If you need additional space please use the back of this form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify dates and/or times that you are NOT available:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM							
PM							

Specific dates not available: \_\_\_\_\_

Explanation: \_\_\_\_\_

Are you a team player? We need as much help backstage as onstage. Please check at least one (training provided)

Stage Crew     Box Office     Costume     Hair/Makeup     Lights

Props     Sound     Usher     Asst. Director    \_\_\_\_\_ Other

**I have looked at the rehearsal schedule and I am available except as noted above. I realize that in accepting a role I am making a commitment to attend all rehearsals and performances. I will be prompt, prepared, and pay attention.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature (if under 18): \_\_\_\_\_