



Aloha Performing Arts Company

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

www.apachawaii.org

Audition Form

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 _____ 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): _____