

Avalon Productions
13: The Musical
Audition Form

Name: _____

Parent/Guardian: _____

Contact Email: _____

Contact Number: _____

Age: _____

School: _____

I have read the tentative rehearsal schedule.

I have read the performance schedule.

I can commit to the tentative rehearsal schedule.

I can commit to the performance schedule.

I have conflicts.

Conflicts: _____

Other Things We Should Know: _____
