Last name Fist name Union Audition Number

Address:

|  |  |  |
| --- | --- | --- |
| City: |  |  |
| State: | Interested in ensemble (Y/N) | Age: |
| Zip Code: | Do you sing? (Yes, Moderate, No) | Weight: |
| Permanent Phone: | Do you dance? (Yes, Moderate, No) | Height: |
| Cell Phone: | Other talents: | Hair: |
| Email: |  | Eyes: |

Available ( Please on write time conflicts)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 10am: |  |  |  |  |  |  |  |
| 12pm: |  |  |  |  |  |  |  |
| 2pm: |  |  |  |  |  |  |  |
| 4pm: |  |  |  |  |  |  |  |
| 6pm: |  |  |  |  |  |  |  |
| 8pm: |  |  |  |  |  |  |  |
| 10pm: |  |  |  |  |  |  |  |