

**Rayna's School Of Dance**  
**Musical Theater Department**  
**AUDITION FORM**



Please fill out as much of the requested information below as possible, or **circle** the appropriate choice where applicable

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Hair: \_\_\_\_\_ Sex: MALE/ FEMALE Phone: \_\_\_\_\_

**NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:**

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_  
\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_  
\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_  
\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

**Role You're Auditioning for**  
**(1st Choice):** \_\_\_\_\_ **(2nd Choice):** \_\_\_\_\_

**Would you consider other roles?** YES NO  
**Would you consider playing a role of the opposite sex?** YES NO  
**Would you accept an ensemble role?** YES NO  
**Are you willing to play an understudy?** YES NO

**MUSIC AND DANCE TRAINING:**

**Can you read music?** YES NO  
**Singing ability:** NONE AMATEUR TRAINED (\_\_\_\_\_ YEARS)  
**Voice:** BASS TENOR BARITONE ALTO SOPRANO **Skill:** BEGINNER INTERMEDIATE ADVANCED  
**Instruments you play:** \_\_\_\_\_ **Skill:** BEGINNER INTERMEDIATE ADVANCED  
**DANCE/MOVEMENT:** BALLET TAP JAZZ MODERN HIP-HOP BALLROOM OTHER  
**Style (if Other):** \_\_\_\_\_ **# of Years:** \_\_\_\_\_ **Skill:** BEGINNER INTERMEDIATE ADVANCED  
**Special Skills:** STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING GYMNASTICS  
**Other Skills to Note:** \_\_\_\_\_

**OTHER OPPORTUNITIES WITH US:**

If not cast as a performer, would you be interested in working as crew or stage manager? YES NO

**YOUR PREFERRED CONTACT INFO:**

Full Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail address 1: \_\_\_\_\_ E-mail address 2: \_\_\_\_\_  
Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

**Potential medical or other conditions to note:** *(Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?):*

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**Are you currently performing/rehearsing anything now?** *Please note the show and schedule below:*

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**Are there any potential Scheduling Conflicts you're currently aware of?** *(Please see our attached Rehearsal/Performance Calendar for specific dates):*

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**How did you hear about our auditions?**

NEWSPAPER   E-MAIL NOTICE   WEBSITE   FRIEND   TEACHER   OTHER \_\_\_\_\_

**Who/What is your favorite performer/show** \_\_\_\_\_

**What are you hoping to get out of this experience** \_\_\_\_\_

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**EMERGENCY CONTACT:**

I give permission to the instructor/dance studio personnel at Rayna's School Of Dance LLC, in case of injury, illness, or emergency to contact this student's physician listed below and/or take this student to the hospital for any emergency or medical treatment:

Name: \_\_\_\_\_

Parent or Guardian Info (if Under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor Name and Phone (if Applicable): \_\_\_\_\_

Please initial each segment below. By doing so you acknowledge that you have read and understand the terms outlined below:

\_\_\_\_\_ I give my consent for photos or videos with my child visible in them to be used for promotional purposes. All students are free to refuse to be photographed or videotaped.

\_\_\_\_\_ I understand that the risk of physical injury is inherent with dance and theater training. I do not hold Rana Bailey, or Rayna's School Of Dance LLC, or any of the instructors at Rayna's School Of Dance LLC responsible for any injuries, losses, or death. I, the undersigned, am willing to assume those risks and release, hold harmless, and indemnify Rayna's School Of Dance LLC, and all its employees, from and against any and all claims, demands, actions, judgements, which I or any other person ever had or have against Rayna's School Of Dance LLC for any losses, costs, and expenses (including attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my child while in attendance or participating in all Rayna's School Of Dance LLC programs. I, the undersigned, also agree that I will not hold Rayna's School Of Dance LLC, Rana Bailey, or any of the employees of Rayna's School Of Dance LLC, responsible for the loss or damage of personal property while in attendance or participating in any of Rayna's School Of Dance LLC programs.

*Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.*