

BRISBANE JUNIOR THEATRE AUDITION FORM

PLEASE ATTACH A PHOTO IF THIS IS YOUR FIRST PRODUCTION WITH BJT

Production: _____

Role Preference/s: _____

Name: _____

Age: _____ Height: _____ Size: _____

Phone: _____

Email: _____

Address:

Parent/Guardian Name(s): _

How did you learn of this audition: (facebook/radio/website/flyer/friend, etc.):

SCORES AND COMMENTS: (to be filled in by audition panel)

DANCE SINGING ACTING

