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 Nai			
How did you learn of	this audition: (facebook/re	adio/website/flyer/friend, etc.):	
SCORES AND CO	MMENTS: (to be filled ir	n by audition panel)	
DANCE	SINGING	ACTING	

Previous theatre experience:

(please list your 2 favourite roles)

SHOW:						
ROLE:	CON	PANY:				
SHOW:						
ROLE:	COM	1PANY:				
DANCE TRAINING:	yes		no			
DANCE COMPANY/s:						
DANCE STYLES: (please tic		HIP-HOP	CONT	EMPORARY		
GYMNASTICS/ACROBATICS	: yes		no			
HOW LONG HAVE YOU BEEI	N TRAINING?					
SINGING TRAINING:	yes	yes		no		
SINGING TEACHER:						
HOW LONG HAVE YOU BEEI	n having lessc)NS\$				
VOICE TYPE: ALTO MEZ	zo soprano	SOPRANO	BASS	BARITONE	TENOR	
EXPERIENCE SINGING HARM	MONIES: yes		no			
PLEASE SIGN TO CONFIRM Y	OU ARE AVAILA	BLE FOR ALL RE	HEARSA	LS & PERFORM	ANCES:	