



APPRENTICE COMPANY AUDITION FORM

NAME _____

PARENT CELL _____ YOUR CELL _____

PARENT'S NAMES _____

HOME ADDRESS _____ ZIP: _____

PARENT'S EMAIL _____

YOUR EMAIL _____ SCHOOL _____ YEAR _____

WHAT IS YOUR THEATRE HISTORY? (Plays, roles, technical work, etc.)

WHY WOULD YOU LIKE TO BECOME AN APPRENTICE?

WHAT CONFLICTS DO YOU HAVE FOR THE SUMMER?

DO YOU HAVE ANY SPECIALS SKILLS? (Play an instrument, sing, dance, juggle, etc.)
