

HILLIARD ARTS COUNCIL  
**FOR KIDS BY KIDS AUDITION FORM**

Show \_\_\_\_\_

Student Name \_\_\_\_\_ Student Pronouns \_\_\_\_\_

Parent Name \_\_\_\_\_

2021-22 Grade \_\_\_\_\_

School \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent Signature indicating consent for photos/video: \_\_\_\_\_

Vital Statistics: Age: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Previous Theatrical Experience**

Character	Play	Organization

Special Skills (juggling, stilt-walking, handstand, musical instrument, foreign language, etc):  
\_\_\_\_\_  
\_\_\_\_\_

- I am interested in auditioning for: \_\_\_\_\_
- Will you accept any role? \_\_\_\_\_
- If not selected for a role in this play, are you interested in helping with the production?  
\_\_\_\_\_

**\*\*PLEASE LIST ALL CONFLICTS ON THE REVERSE SIDE OF THIS FORM\*\***  
**IF CONFLICTS AREN'T LISTED YOU WILL BE EXPECTED TO BE AT REHEARSAL.**