



Musical Theater Application



Directions: Fill in all applicable areas (click in the highlighted area to type), print two copies, one to submit and one to keep for your records.

Applicant Name _____ Grade _____

Contact Email Address _____

Senior Scholarship: ___ Yes ___ No **Inform the judges if competing
School _____ School Phone _____

Arts Teacher Name _____

Art Teacher Email _____

Parents/Guardian Name _____

Contact Phone _____ Secondary Phone _____

Address _____

City _____ Zip Code _____

Audition Type _____ Theater Show _____

Musical Selection Title _____

Composer/Artist _____

Musical Theater Production _____

Accompaniment & Accompanist Information

**Piano or CD player will be provided as necessary

___ I will provide my own accompanist

Accompanist Name _____

___ I will provide a Single track CD labeled with Name, Title, School, and contact information)

Group, Duet, Ensemble Information:

Group Leader: _____ Contact _____

Member #1: _____ Contact _____

Member #2: _____ Contact _____

Member #3: _____ Contact _____

Member #4: _____ Contact _____

Member #5: _____ Contact _____