

Audition # \_\_\_\_\_

**TCT 2025 ~ *WHITE CHRISTMAS***  
**Audition Form**

Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ pronouns (optional) \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

**For Auditioners under the age of 18**

Parent's Name: \_\_\_\_\_ Parent's Home Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any theatre and dance experience: (Feel free to attach a resume or write additional information on the back of this sheet).

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Vocal / Choral Experience:

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Are you auditioning for any particular Role(s)? \_\_\_\_\_

If not cast in that role, will you accept any role including ensemble? \_\_\_\_\_

**CONFLICTS:** Please list ALL conflict dates and times between Sept. 25 through all performances. This should include all work, vacation, weekly activities, travel, family events, etc.

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