

## *A Christmas Carol 2019 Audition Form*

*Please Print Clearly*

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
**(Please include City and Zip Code)** \_\_\_\_\_

FAMILY EMAIL ADDRESS: \_\_\_\_\_

NAME OF LEGAL GUARDIAN (S): A: \_\_\_\_\_

B: \_\_\_\_\_

GUARDIANS' CONTACT PHONE # A: \_\_\_\_\_

B: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL PRINCIPAL: \_\_\_\_\_

SCHOOL PHONE # : \_\_\_\_\_

PHYSICIAN TO CONTACT IN AN  
EMERGENCY: \_\_\_\_\_

PHYSICAN #: \_\_\_\_\_

EMERGENCY MEDICAL INFORMATION – INCLUDING MEDICATION:

KNOWN OR POTENTIAL SCHEDULING CONFLICTS FROM OCTOBER 16TH TO DECEMBER 30TH:

EXPERIENCE – Please use the below space to list any **Theatre Productions or Classes** you have done. Be sure to mention if they were Trinity Rep's Young Actors Studio Classes.