

AUDITION FORM

The Wizard of Oz – Munchkins



STUDENT INFORMATION

Name: _____
Street Address: _____
City: _____ Zip: _____ Home Phone #: _____
Gender: Male Female Grade: (2018-19 School Year) 2nd (2029) 3rd (2028) 4th (2027) 5th (2026)
School: _____ Height: _____
T-Shirt Size: (Circle One) YS YM YL YXL S M L XL

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name(s): _____
Relationship to Student: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Parent Email: _____

ADDITIONAL INFORMATION

Are you available for a call back on Sunday, April 7 @ 2 pm? YES or NO

How did you hear about auditions?

CASTING DISCLAIMER: Carolina Youth Theatre (CYT) desires to include as many students as possible in its productions, however each production has a **limited** cast and crew size. As interest in CYT continues to grow, the integrity of the program requires that we cast the strongest talent available. Participation in CYT classes or camps does NOT mean a student will be cast in a CYT main stage production. Likewise, prior participation in a CYT production does NOT guarantee a role in the cast or crew.

**By signing this audition form, I affirm that I am interested in being a part of
The Wizard of Oz and will accept any role offered to me.**

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____