

IMP Auditions

Everyone who auditions for our show will be cast!

Name: _____ Grade: _____ Birthday: ___/___/___

School: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____ Zip Code: _____

Parent/Guardian:

Name: _____ Cell Phone: _____

Email: _____

Please list your previous experience acting, singing, dancing or otherwise performing. (You may attach a résumé if you prefer.)

Please list all one-time conflicts between Feb 2 and April 1. (We will not rehearse the week of Feb vacation)

Please list all weekly conflicts and the times they occupy.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday