

Theatre Guild of Webster Groves Youth Theatre Audition Sheet

Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State/Zip: _____

Parent/Guardian E-mail: _____

Home Phone: _____ Parent Wrk: _____

Cell 1: _____ Cell 2: _____

Have you taken dance classes? Yes No

What other plays have you been in?

Parents/Guardians:

May we have permission to take pictures of your child participating in our Youth Production? Images or recordings may be used for publicity purposes specifically on our Facebook page or website. Yes No

Parent/Guardian Signature: _____

Please use the reverse side of this sheet to list all possible conflicts.