

**Certificate Acting & Honors Program
Audition Form
2019-20**

Student Name: _____

Birthdate: _____ **Age:** _____

School: _____ **Grade:** _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

AUDITIONING FOR **Certificate I** **Honors Acting**
 Certificate II

BRIEFLY LIST YOUR EXPERIENCE OR ATTACH YOUR RESUME
(include any previous classes or private instruction)

LIST THE MONOLOGUES YOU WILL BE PERFORMING
(in the order you will do them)

1. Character: _____ **from:** _____

2. Character: _____ **from:** _____

INSTRUCTOR COMMENTS
