



TICKET ORDERS:
P.O. BOX 105515
JEFFERSON CITY, MO 65110-5515

TICKET LINE: 573-681-9400
www.tltjc.org

AUDITION FORM

Name: _____

Address: _____

Phone Number _____ Work Phone _____

Cell Phone _____ E-mail _____

Age _____ Height _____ Gender _____

Role(s) Auditioning For: _____

Previous Experience: _____

Music and Dance Experience (usually for musicals only):

SOPRANO _____ ALTO _____ TENOR _____ BARITONE _____ BASS _____ DON'T KNOW _____

DANCE EXPERIENCE: YES NO WILLING TO TRY

Would you accept a part other than what you auditioned for? YES NO

Conflicts: (List them ALL. Just because you have conflicts does NOT mean you will NOT be cast. We just need to know for scheduling purposes.)

Anything else you want to tell us? _____

Experience the *Creative* stage of life.