



Hunchback of Notre Dame Audition Form

Chorale

Name _____ Age _____

Address _____

City _____ State ____ Zip _____

Email _____ Phone number _____

Voice Type or Range _____

Vocal Experience (Please Describe)

Please list any conflicts you may have during the rehearsal schedule (Monday – Friday May 23rd – July 14th): _____

Please provide any relevant theater/singing/acting experience:
