



Hunchback of Notre Dame Audition Form Leads/Ensemble

Name _____ Age _____

Address _____

City _____ State ____ Zip _____

Email _____ Phone number _____

Roles Interested In -

Are you willing to accept any role? Yes No

If no please elaborate:

Voice Type or Range _____

Vocal Experience (Please Describe)

Dance Experience? Yes No

If Yes Please List

Are you willing/able to:

- Cut your hair? Grow your hair? Dye your hair? Wear a Wig?
 Grow a beard? Shave a beard? Wear fake facial hair? Wear a mask?
 Wear body paint/makeup? Wear make-up prosthetics (latex)?

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:



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