

“Disney’s Aladdin, Jr” AUDITION FORM

***Please return this form to Ms. Leffelman no later than
Friday, October 8th.***

Please print neatly.

Student’s Name: _____

Grade: _____ Homeroom Teacher: _____

Address: _____

Home Phone #: _____

Student’s cell phone #: _____

Parent’s cell phone #: _____

Parent’s email: _____

Parents’ or Guardians names: _____

Child’s Shirt Size: _____ Child’s Pant Size: _____

Child’s Shoe Size: _____ Dress Size (girls): _____

Roles Desired: 1. _____ 2. _____

Performance Background: _____

Will you accept any role? _____

Are you willing to be in the chorus or have a non-speaking role? _____

Please turn over to complete and sign this form

Please list any and all obligations, family trips, or sport/dance, etc schedules below:

MONDAY:

THURSDAY:

Audition Requirements: Each child auditioning for a role in Aladdin will be required to perform a selection from the script excerpts that will be emailed to you. Your child should learn the lines for the role they most wish to have. Memorization is strongly encouraged.

Additionally, each child will sing an excerpt from a song of his or her choice. The song should be appropriate for their vocal range and should highlight his or her ability. It is strongly encouraged, however, that children choose to sing a portion of one of the songs from Aladdin.

Please read the following statement and sign below:

“My child and I understand that upon accepting a role, if offered one, my child’s attendance at all scheduled rehearsals will be mandatory according to each monthly schedule and my child will be prepared for all things to be rehearsed according to the schedule.”

Parent Signature

Student Signature