

Open Audition Form Information Sheet - CHILD

Audition Number: (Assigned upon arrival)

Matilda the Musical

Performance Dates: April 25, 26, May 2, 3, 2025 at 7:30pm + April 27, May 4, 2025 at 2pm

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Actor Name/Pronouns						
Parent Name						
Address						
Phone (home)			Phone			
			(cell)			
Email						
Height		Weight			Hair Color	
Eyes		Voice Part (S/A/T/B)			Date of Birth	
Are you auditioning for			•			
\square leading role \square supporting role \square ensemble						
Are you auditioning for a specific role? If so, please specify:						
Would you be interested in taking a different role if offered? \Box yes \Box no						
Brief Stage History (star	t with m	oct rocont)				
Show Title	Role Played		Year		Producing Organization	
Show Title	Note i layeu		icai		Troducing Organization	
Special skills (i.e., dance	,		<u> </u>			
tumbling, juggling, etc.)						
If not cast, would you (o	r your fa	mily) be intere	sted in helpin	ng wit	h:	
☐ set construction? ☐ lighting? ☐ sound? ☐ wardrobe? ☐ ushering?						
How did you hear about	uditions?					
What was the last show you attended at the						
Opera House?						

Please let us know any conflicts you may have (vacations, prior engagements, etc). (Include any standing conflicts such as: "Works Mondays," "Get out of work at 6:30 daily," etc.) We do our best to work around conflicts, but can make no promises.