

Frozen Jr

Please PRINT clearly

Child Name: _____

Parent Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Phone 1: _____ Parent Phone 2: _____ Child Phone: _____

Parent E-mail: _____

Child E-mail: _____

Height: _____ Weight: _____ Hair: _____ Age: _____

Role(s) desired (in order of preference): ANY? **YES / NO**

1. _ _____ 2. _ _____ 3. _ _____

If not cast in these roles, will you accept another role? **YES / NO**

If not cast, are you interested in a production job? **YES / NO**

Previous Roles/Theatrical Experience: (You may attach a résumé or list more on back, if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____

Please list ALL conflicts through the run of the show. The show will run June 13-16, 2019 with multiple shows on each day. Rehearsals will generally be Tuesdays and Thursdays 6:00-7:30 pm & Saturday 9 am – noon through the end of May. Rehearsals will increase in frequency in June. No conflicts after May 31 will be allowed.

_____	_____
_____	_____
_____	_____
_____	_____