AUDITION FORM

Date of Application（申込日）: / /

Name（氏名）_____
Family Name First Name

Date of Birth（生年月日）: / / Address（住所）:_____
Telephone（電話番号）:_____

What will you be performing at your audition? Describe all that apply.
オーディションでなにを演じますか？ 下記からお選びください。

□ Singing	Song and Composer:
□ Acting	Play, Scene and Playwright:
□ Dancing	Dance type and song, if applicable:
□ Gymnastics	Routine Details:

What is your level of English?
どの役を希望しますか？

What is your vocal range?
あなたの声域を教えて下さい。

Please describe your previous vocal/dance/acting training
あなたの歌、ダンス、演劇の経験についてお答え下さい。

What training have you had? （なにを習いましたか）:_____

Where have you trained? （どこで習いましたか）:_____

How many years have you trained/been training?（何年ぐらい習いましたか）:_____

Please describe the classes you are interested in joining:
リハーサルに来ることの出来る曜日、時間帯を記入して下さい。

Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Saturdays	
Sundays	

How did you hear about us?
どこでこの ISA について知りましたか？

*Please remember to attach your full-page headshot to this application, and include a resume if you have one!
Thank you for your application, we look forward to your audition!