



SOUND OF MUSIC
Information Sheet

Staff Only # _____ _____

Audition Information Form

Name

Parent(s)Names

City

State

Parent Cell Phone

Parent Email Address

Age

Date of Birth

Height

Agent / Manager (If you have one)

Agent / Manager Phone #

Agent / Manager Email

Have you received Covid 19 vaccination ? Yes No

Date of your Covid vaccination(s)?

Please note: Everyone who is cast in SOUND OF MUSIC will need to be fully vaccinated.

How did you hear about the audition?

After filling out, please save as PDF and attach to your email. Go to File/Save As and select PDF or open in Adobe Acrobat and Save As PDF. Please add your child's name and "SOM" to the file name of the PDF.

(For example: JohnSmithSOM.pdf)

