2007- 2008 AUDTION INFORMATION

Please complete this form and bring it to your audition

Audition Dates

Monday September 17 – 6:30 – 9:00
Thursday September 20 – 6:30 – 9:00
Sunday September 23 – 5:30 – 8:00
Monday September 24 – 6:30 – 9:00
Thursday September 27 – 6:30 – 9:00

Contact Information

Applicant's Name:_____ School ***(if applicable)***:_____

Grade:___ Sex: ___ Age: ___ Birth Date:_____ ***(Dependable)*** email:_____

Home Address:_____ Postal Code:_____

Home Phone: _____Other Phone:_____

Parent/Guardian Name ***(if under 18)***:_____

Program Choice:

Single Show ☐ Two Shows ☐

Show/Ensemble Preference(s): Should correspond to Program Choice above

High School Musical ☐ 101 Dalmatians ☐ The King and I ☐

Please indicate the times you are available to attend rehearsals

Monday Evening ☐ Tuesday Evening ☐ Wednesday Evening ☐ Thursday Evening ☐

Friday Evening ☐ Saturday Afternoon ☐ Sunday Afternoon ☐

Briefly describe your acting, singing, dancing training.

Read carefully and sign (if under 18, a parent/guardian MUST sign.)

I, _____, understand that the York Durham Academy of the Performing Arts (YDAPA) is a non-profit organization and that each member is required to pay a fee which is used to defray the administrative and production costs of the program. As well, in order to ensure the quality of the final performance, I understand that consistent absences or behaviour which is not consistent with YDAPA's Participation Policy may result in dismissal without refund. I also give permission to YDAPA, without limitation or obligation, to photograph, record or videotape me and to publish my name for archival and promotional purposes. It is important to note that YDAPA will not distribute, sell, or otherwise make available the names of its participants. I have also read and understand YDAPA's "Audition Information and Procedures".

Signature:_____ Date:_____

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Applicant's Name:_____

Grade:___ Sex: ___ Age: ___ Birth Date:_____

Home Phone: _____

Parent/Guardian Name ***(if under 18)***:_____

YDAPA Experience:_____

_____

_____

_____

_____

Please attach a photograph of yourself in this space

OFFICE USE ONLY - PLACEMENT

Audition Observations.	Specific Criteria	1	2	3	4	5
1	Musical Skill					
2	Dance Skill					
3	Dramatic Skill					
4	Follows Directions					
5	Effort					
6	Enthusiasm					
7	Interaction with Others					
8	Co-operation					

Show	Check	Part
HSM		
101 Dal		
K & I		

Individual Audition Comments