

**Theatre West's
THE VOICE IN THE VALLEY
Audition Form**

NAME: _____ AGE: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

DO YOU RECEIVE TEXTS? (Circle one) Yes No

WHAT IS THE BEST WAY TO REACH YOU ON SHORT NOTICE? (Circle one) Call Text Email

AUDITION SELECTIONS: *****ALL SELECTIONS MUST BE PERFORMED FROM MEMORY*****

BLIND AUDITIONS (90 SEC. CLIP): _____
(PLEASE NOTE THAT SHOULD YOU BE SELECTED FOR ROUND 2, YOU WILL SING THIS SONG IN ITS ENTIRETY.)

SEMI-FINALS (If known) : _____

FINALS (If known):
1) _____
2) _____

\$10 AUDITION SUBMISSION FEE (Circle one and include with submission form): Cash Check
*****Please make checks payable to Theatre West*****

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT/GUARDIAN OF APPLICANT (if younger than 19):

Date: _____