



AUDITION FORM
(PLEASE PRINT CLEARLY)

NAME (First and Last): _____

AGE: _____ **GRADE:** _____ **PRONOUNS:** _____

SCHOOL: _____ **VOCAL PART and/or RANGE:** _____

STUDENT EMAIL: _____

GUARDIAN EMAIL: _____

GUARDIAN PHONE: _____

AUDITION SONG: _____

This production requires a lot of physical intimacy including kissing of some characters. WTP will be taking all possible precautions for health and safety. Rapid Covid Testing will occur for those students who get cast in roles that require masks to be removed and/or to kiss. With this knowledge (and after discussing with your guardian), please answer the two questions below.

Comfortable Kissing member of same sex?: **YES** **NO**

Comfortable Kissing opposite sex?: **YES** **NO**

We encourage Trans and Gender Non-Conforming performers to audition for any roles they are interested in; genders listed in the script are those of the character, not the performer. The characters in this story are binary presenting. Please circle all character genders that you would be comfortable playing.

MALE **FEMALE**

As indicated by the “Guardian Permission Form”, this show contains mature content. Please make sure you have researched the show.

