

THE LIGHTNING THIEF

AUDITION FORM

Date: _____ Name _____

Age _____ Date of Birth _____ MALE ____ FEMALE ____ OTHER/PRONOUNS _____

School _____ Grade _____ (entering Fall 2025)

Home Ph: # _____ Cell Phone# _____

Email: _____ Trumbull Resident _____ Non-Resident _____

Parent / Guardian Name: _____ cell: _____

Please list any theatre and dance experience. (Feel free to attach a resume or write additional information on the back of this sheet)

Vocal / Choral Experience:

Are you auditioning for any particular Role? Please list below

If not cast as a lead, will you accept any role, including ensemble? _____

CONFLICTS: Please refer to all dates listed on the Information sheet and advise us of any and all conflicts you may have with the rehearsals and performance schedule (including work, vacation, travel, family events, etc.)
