

BRING WITH YOU TO
AUDITIONS ON EITHER
APRIL 26 OR 27



Anything Goes

OFFICE USE ONLY

Audition #

AUDITION FORM - PERFORMERS

Name: _____

What song will you be singing? _____

Gender pronouns (check one): Him/He She/Her Them/They

Age: _____ Date of Birth: _____

Your Email: _____ Your Phone # _____

Parent's Email: _____ Parent's Phone # _____

Shirt Size: _____ Pant Size: _____ Shoe Size: _____ Height: _____

What grade will you start in August 2025? 8 9 10 11 12 College*

What school do you attend? _____

*If you are going to college in the fall, please include the name of your high school and the name of the college you will be attending

Have you participated in a previous SMTE production? NO YES

If yes, which shows? _____

Have you had any vocal training (*not required*)? NO YES

If yes, how long and with who? _____

Have you had any dance training (*not required*)? NO YES

If yes, how long? _____ What is your strongest style? _____

Do you own jazz shoes? NO YES What color? _____

Do you own character shoes? NO YES What color? _____

Do you own tap shoes? NO YES What color? _____

Have you had any gymnastic, acrobatic or tumbling training? NO YES

If yes, how long? _____

What are your tricks? _____

Do you have a fear of heights? NO YES

Are you interested in a specific role? NO YES

If so, which character? _____

Are you willing to consider any role offered to you?* NO YES

*Please, be honest. Saying "no" will not affect casting. Saying "yes" and not accepting will take an opportunity away from someone else.

Which genders are you willing to characterize onstage? (check one)

Male only I will play either, but my preference is male

Female only I will play either, but my preference is female

VERY IMPORTANT:

Do you have any previous/current injuries?* NO YES

If yes, what? _____

*NOTE: Previous and current injuries will not affect your being cast.

****ADDITIONAL INFORMATION REQUESTED ON THE NEXT SHEET****

Name: _____

Are you available for callbacks on Saturday, May 3? NO YES

If yes, please indicate your availability: (select all that apply)

9 a.m. - 11 a.m. 11 a.m. - 1 p.m. 1 p.m. - 3 p.m.

Please list any known conflicts from May 19 through July 27, 2025
(Vacations, overnight camps, mission trips, graduation, etc.)

DATE	TIME	REHEARSAL CONFLICT

Briefly describe any previous performance experience or why you want to participate:



If you have trouble accessing this document and need to request an alternate format, please contact the Summer Musical Hotline at (904) 646-2347.

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Contact the College's Equity Officer at (904) 632-3221, toll-free at (877) 578-6801 or via email at equityofficer@fscj.edu for information.