

ORU Student Film Audition Form

Name: _____ Age Range: _____

Cell Phone*: _____ Height: _____

Email*: _____

*for minors, enter parent's cell phone and email

<p>How did you hear about the auditions?</p> <p>_____</p>

<p>Are you a classically trained dancer?</p> <p>_____</p>

Experience (or attach resume):

Shade the times when you are **NOT** available on a weekly basis.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							

Other known conflicts during Feb. 15th – Mar.10th, 2024:

For office use only. Time slot:
Clip #: Photo #: