



Drama Learning Center



“Where everyone’s STAR shines bright!”

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TYA Audition Form:

Name: _____

Age: _____ Grade: _____ School: _____ Vocal Part: _____

* Please list past performance experience below or attach resume:

SHOW	ROLE	WHERE

* Please circle below if you have taken any classes in the following, and write below the number of years taken:

Ballet

Tap

Jazz

Modern

Hip Hop

* Please tell about yourself: *(Interests, hobbies, etc)*

* Please briefly answer the following questions on the back of the audition form or attach answers.

1. Why are you interested in being a TYA company member?
2. What are your aspirations in the theatre?

*If not selected to be a TYA member, are you interested in other classes at DLC to better your performance/backstage skills? YES / NO

Please list any potential rehearsal conflicts below:

BREAK A LEG!