

ALGONQUIN

ARTS THEATRE

AUDITION INFORMATION FORM

Please, PRINT clearly

Rising Stars
19th Annual, 2017

Applicant Name: _____

Home Address: _____

City: _____

Zip: _____

Email: _____

Parent/ Guardian Email: _____

Cell Phone: _____

Home Phone: _____

Age: _____

Current Grade: _____

High School: _____

Parent/Guardian Name: _____

AUDITION SELECTION

Instrument/ Voice: _____

(i.e. Trumpet, Alto Saxophone, Soprano, etc.)

Private Teacher: _____

Years of Study: _____

Repertoire you will perform | _____

Title: _____

Composer: _____

Length of piece: _____ Minutes (*No longer than 5 minutes!*)

Name of Accompanist | _____

If selected, will this be the accompanist to perform for your concert performance? yes no

Please submit your application along with your audition selection NO later than 6:00 p.m. on TUESDAY, OCTOBER 17, 2017.

YOUR AUDITION SELECTION CAN BE SUBMITTED BY:

1. **Mailing a CD & Application to:** Algonquin Arts Theatre | Attn: Education Department | 173 Main Street, Manasquan, NJ 08736
2. **Visit us at:** <http://www.algonquinarts.org/rising-stars.php> to fill out an application and upload your audition with .WAV or MP3.
3. **E-Mail:** Julie@algonquinarts.org an application and MP3 OR .WAV file.

For assistance please contact the Algonquin Arts Theatre's Education Dept. 732.528.9224