**Paper Mill Playhouse Summer Professional Training Programs:**

***For office use only – leave blank.***

**AUDITION NUMBER**

**~ Summer Musical Theatre Conservatory: July 1 to August 3**

**~ August Musical Theatre Intensive: August 5 to August 23**

***Please type in the gray-shaded fields. Click in each field to place your cursor. You can tab through the fields.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s Name:** | | | | **Gender:** | **Age on Jan. 1, 2019:** | | | | **Date of Birth:** | | | **Grade Level, Fall 2019:** | | |
| **AUDITION SONG:**  Paper Mill cannot offer a spot to every student that auditions for our programs, so we work with several other NJ programs to provide information on their summer offerings to our auditioners. Please check this box if you **DO NOT** wish to receive information from other arts enrichment summer programs. | | | | | | | | | |  | | | | |
| ***Please check one*: I wish to be considered for:**  **the JULY Summer Musical Theatre Conservatory only.**  **the AUGUSTMusical Theatre Intensive only.**  **EITHERprogram.** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | **City:** | | | | **State:** | **Zip Code:** | | **NJ County:** |
| **Parent/Guardian Names:** | **Home Phone:** | | **Parent/Guardian Cell Phone:** | | | **Student Cell Phone:** | | **Parent/Guardian Email:** | | | | | **Student Email:** | |
| **Have you taken voice lessons?** | | **Check one: YES**  **NO**  **Voice Teacher’s/Studio’s Name:**  **How long have you taken singing lessons?** | | | | | | | | | | | | |
| **Have you taken acting lessons?** | | **Check one: YES  NO**  **Acting Teacher’s/Studio’s Name:**  **How long have you taken acting lessons?** | | | | | | | | | | | | |
| **Have you taken dance lessons?** | | **Check one: YES  NO**  **Dance Teacher’s/Studio’s Name:**  **How long have you taken dance lessons?**  **Type of dance lessons taken:** *(i.e. tap, hip-hop, ballet, modern, etc.)* | | | | | | | | | | | | |
| **Please list your performance experience** *(school shows, community theatre, church/temple, professional, etc.).* | |  | | | | | | | | | | | | |
| **Check here if you are attaching a resume and/or** **headshot** *(not required).* | | **How did you hear about our programs?**  **If other, please explain:** | | | | | | | | | | | | |
| **Height:** | | **Special Skills:** *(instruments played, juggling, tumbling, ethnic dance, roller skating, skate boarding, etc.)* | | | | | | | | | | | | |
| **In 100 words or less, please explain why you would like to participate in the summer musical theatre conservatory.**  *(Your answer will be used for informational purposes only and is not a factor in casting the summer program.)* | |  | | | | | | | | | | | | |