

Audition Sheet

Show: The SpongeBob Musical

Performance Dates: November 7-22, 2025

Please write legibly so that we can read your handwriting. Thank you.

First Name	Last Name		
Please check your age range 7-12 years old	13 - 17	18 and older	Age if under 18
If you have a child auditioning under 18 please	e fill out Parent inf	ormation. Thank you	ı .
Parents - Name	Last Name		
Parents - Name	Last Name		
Address	C	CityZi	p
E-mail	Cell Phone		
What role or roles would you like to auditio	<mark>on for: / Would y</mark>	ou accept another re	ole or ensemble if
offered Yes or No			
Vocal Range if you know it			
Conflicts—please list all conflicts that might ke August 1 until the final performance. Please be you from being cast in this show. The reheard back if needed.	e completely hone	st. Conflicts will not	necessarily prevent
Previous Experience: Please list any previous	s experiences perfo		work or attach resume.
Special talents that may be used in this product	tion. For example	– Skateboarding , rolle	er-skating, jugglingetc

Are you on Facebook: YES NO (we use FB private pages to disseminate information)

Thank you for auditioning. We will contact you via email to let you know either way if you have or have not been cast in the show. Please check our website and FB page for more auditions.

Thank you for participating in our auditions!!

If not cast, would you be interested in volunteering

during the production? YES NO

Costumes Hair / Makeup **Props** Check In Table at Set Work performances

Lights Usher

Sound

Please circle all your interests.