DESOTO FAMILY THEATRE

Audition Form: Little Women the Musical November 7-10, 2025

NAME:	
EMAIL ADDRESS:	
PHONE:	AGE (if under 18):HEIGHT:
ROLES OF INTEREST:	
VOCAL SONG SELECT	ON:
Will you accept any r	ME: AGE (if under 18):HEIGHT: DILES OF INTEREST: DICAL SONG SELECTION: Il you accept any role? YES NO Diase list your previous theatrical experience below or attach resumé to this dition form: OW: ROLE: OW: ROLE: OW: ROLE: OW: ROLE: AIL ADDRESS: AIL ADDRESS:
Please list your previo	us theatrical experience below or attach resumé to this
SHOW:	ROLE:
EMERGENCY CONTAC	Т:
RELATIONSHIP:	PHONE:
EMAIL ADDRESS:	

^{**}Please also print the Tentative Rehearsal Schedule and indicate all conflicts.**