## Disney's Descendants

Audition Form
Performance Dates: 7/11/25 – 8/2/25

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Name:			Phone:	Phone:		
Email:			Age:	Height:		
Notable Performan	nce Experience					
Vocals (please circle	e one): Soprano Alto Tenor B	ass				
Vocal Training:						
Dance Experience (	please circle): Tap Ballet Jazz	Gymnastics Other				
Please list any spec training/experience	sific dance e:					
Parts you are audit	ioning for:					
1	2:	3:	4:			
Are you willing to a	accept another role? Yes No	Are you willing	to be in the ensemb	le? Yes No		
Are you willing to b	pe double cast? Yes No	Are you willing to be an understudy/swing? Yes No				
Are you auditioning	g with family members? Yes	No				
,	ng to participate if your family i		)			
	cts between 4/28/25 and 8/2/2 ances, are mandatory). Conflicts			e week of 7/5/25-7/10	/25, as	

Are you willing/able to sew costumes: Yes No Do you know someone willing/able to sew costumes: Yes No