

T K ⚡ T C
10 YEARS STRONG

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GENERAL T.K.T.C. TRYOUT APPLICATION

NAME: _____

AGE: _____

GRADE: _____

EMAIL ADDRESS
(MANDATORY!): _____

SCHOOL NAME: _____

TURN OVER →→→→→→→→→→→

PARENTS NAMES:

CELL PHONE:

T-SHIRT SIZE: (CIRCLE ONE)

CHILD / ADULT

XS S M L XL

ANY SPECIAL SKILLS? (SINGING, DANCING, JUGGLING, SWORD FIGHTING, STAGE COMBAT, ACCENTS, IMPROV, ETC...):

PLEASE LIST ANY PAST THEATER/PERFORMING EXPERIENCE:

THEATER COMPANY:

ROLE:

THEATER COMPANY:

ROLE:

WHICH ROLE(S) ARE YOU AUDITIONING FOR TODAY?

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