



LITTLE WOMEN

the
broadway
musical



(For Director
use only)

AUDITION FORM

DATE: _____

NAME: _____ AGE: _____ HEIGHT: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NAME ON FACEBOOK (Guardian if you are under 18): _____

GUARDIAN NAME (if you are under 18): _____

VOICE TYPE (Soprano, Mezzo, Alto, Tenor, Baritone, Bass, Unknown): _____

Acting/Dancing/Singing/Theatre Experience/Formal Training/Special Skills:

(list or attach resume)

List any roles you are interested in (or just write "any") _____

Will you accept any role? YES NO

*****Please list all conflicts on the calendar on the next two pages.**

I hereby grant the Academy Theatre permission to use my likeness in photograph or video in any and all of its publications, including website entries, without payment or any other consideration.

X

(Signature – parent must sign if you are under 18)

DECEMBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

JANUARY 2026

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2026

SUN	MON	TUE	WED	THU	FRI	SAT
1 TECH WEEK	2 WEEK	3	4	5	6 SHOW	7 SHOW
8 SHOW	9	10	11	12	13 SHOW	14 SHOW
15 SHOW	16	17	18	19	20 SHOW	21 SHOW
22 SHOW	23	24	25	26	27	28
1	2	3	4	5	6	7