



## Musical Theatre Audition Prep Workshop

4630 Merchant's Park Circle, Suite 737, Collierville, TN 38017 (901) 853-9669

**Date:** February 6<sup>th</sup> – February 27<sup>th</sup> **Monday Afternoons**  
**Time:** 4:30 PM –6:00 PM **COST:** \$150 **Location:** The Harrell Theatre, 440 W. Powell

**The purpose of this workshop is to educate students in presenting a professional musical theatre audition for school productions, local theatre auditions, college auditions and inside the professional theatre world. The workshop will involve music and dance instruction to teach the expected standards of today's competitive auditions. Come with one prepared song**

**Music:** The music portion of the workshop will include choosing appropriate audition music, and preparing professional quality vocal selections for your audition. Students will be coached vocally on selected material as well as guided toward other appropriate music for his or her voice. Students will also be instructed on how to prepare music suitable for an accompanist to play at an audition. Students will receive private coaching with a professional pianist and vocal coach.

**Dance:** The dance portion of the workshop will include learning practical dance steps that are used in all musical theatre auditions. You will learn how to correctly do a number of dance steps and be able to commit them to memory. We will focus on the technique and execution of numerous dance steps. In the last weeks we will focus on learning and retaining full dance combinations, spending time on performance quality and retaining combinations in a fast paced audition. The final week will be a mock audition where each student will be critiqued on their personal audition by a panel of judges and receive feedback from their peers as well as the judges.

### REGISTRATION FORM

Participant's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

AGE \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Daytime phone (mom) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime phone (dad) \_\_\_\_\_  
Cell phone (mom) \_\_\_\_\_ Cell phone (dad) \_\_\_\_\_

**In the event that a parent cannot be reached, please call:**

NAME \_\_\_\_\_ Phone \_\_\_\_\_

Can the above person give permission for treatment? (circle one) YES NO

Preferred Hospital: \_\_\_\_\_

Please list any special dietary restrictions, physical restrictions, or health problems, including allergies, that we should be aware of \_\_\_\_\_

I affirm that, except as noted above, my child is in good health and able to participate in all activities. YES NO

With the understanding that safety standards will be met, I release New Day Children's Theatre from possible claims for injury to person or property, which may arise from participation in all activities, and hereby agree to hold harmless New Day Children's Theatre, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation. YES NO

In the event of a medical emergency, if parent or emergency contact is not available, I give the workshop director permission to transport myself or my child to a medical facility. I further give permission for the Director to seek any and all emergency medical treatment needed

\*I have read and understand the summer policies outlined in this brochure. YES NO

\*May we include you or your child's name and/or photograph in our advertising? YES NO

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_