



Online Submission Form  
**INSTRUCTIONS**

Thank you for your interest in auditioning for the CMTF. ***In order to be considered, your entry must be received on or before March 6, 2017.***

**IMPORTANT DVD GUIDELINES:** *Please read carefully.*

1. Print and staple the following three (3) pages of this form and send with DVD submission.
2. Clearly label each DVD with the auditioner's name, e-mail address and phone number.  
*DVDs become the property of The Broadway Workshop, LLC and The Children's Musical Theater Festival and cannot be returned for any reason.*
3. Please include **only one (1) brief** (under 2 minutes), musical theater song.
4. Attach a photo (snapshots OK).
5. Attach a résumé or list theatrical experience on the final page of this form.
6. *If you are submitting multiple actors, each child must appear on his/her own DVD with a separate DVD Submission Form.*
7. DVDs which contain audition clips for multiple children may not be considered.
8. Send DVD with this form to:  
The Broadway Workshop  
445 W. 54th St. #5A  
New York, NY 10019

**IMPORTANT YouTube GUIDELINES:** *Please read carefully.*

1. Email the following three (3) pages of this form with a YouTube or Vimeo Link to [info@broadwayworkshop.com](mailto:info@broadwayworkshop.com).
2. Please include **only one (1) brief** (under 2 minutes), musical theater song.
3. Attach a photo to your e-mail (snapshots OK).
4. Attach a résumé or list theatrical experience on the final page of this form.
5. *If you are submitting multiple actors, each child must appear on his/her own YouTube clip with a separate Submission Form.*
6. YouTube clips which contain audition clips for multiple children may not be considered.

**NOTIFICATION:** If selected, you will be notified via e-mail by March 13, 2017 with audition results. Unfortunately, due to anticipated audition volume (both live and on video), we are unable to notify all performers.

**FILL OUT THIS FORM ELECTRONICALLY:** Using Adobe Acrobat Reader (available for FREE download at [www.adobe.com/downloads](http://www.adobe.com/downloads)), you can easily fill this form out neatly and clearly. Then just print and sign!

All materials including this form and DVDs become the property of The Broadway Workshop, LLC. and the Children's Musical Theater Festival. Materials cannot be returned for any reason.



Office Use Only					
Vocal	1	2	3	4	5
Acting	1	2	3	4	5
Presentation	1	2	3	4	5
Notes					

Online Submission Form. *Please print clearly.*

Child's Full Name: \_\_\_\_\_

Age as of March 1, 2017: \_\_\_\_\_ Grade as of March 1, 2017: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Vocal Range: (*select one*) Soprano Belter Alto Tenor Bari-Tenor Bass

Audition Song (under 2 minutes): \_\_\_\_\_

**Please initial each of the following:**

If selected to perform in the Children's Musical Theater Festival, my child and I agree to:

\_\_\_\_\_ Be available for rehearsals and performances in New York City from **Saturday, July 8 – Sunday, July 16, 2017** during weekdays (10am-5pm) and weekends (9am- 10pm). *Exact daily times TBD.*

\_\_\_\_\_ Allow **CMTF** to photograph and film all rehearsals, workshops and performances, and, therefore, my child and his/her participation.

\_\_\_\_\_ I understand that specific roles are assigned on July 9, 2017, and my child will accept the role in which he/she is cast.

**T-Shirt Size** (*circle one*)    Child 10/12            Child 14/16            Adult S  
    Adult M                    Adult L                    Adult XL

***Form continues...***

Are you applying for a scholarship?  Yes  No

If yes, which one:  Full  Half  Either

*If you are applying for a scholarship, you must enclose a scholarship application for each child submitted. Download at [www.cmtfnyc.com/forms](http://www.cmtfnyc.com/forms)*

Are you submitting in conjunction with another child?  Yes  No

If so, please list their name(s) and relationship to this auditioner:

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**Would you accept a role if any of the above are not cast?**  Yes  No

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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Experience

*Attach a photo (snapshots are fine.) This page is not required if you are attaching a résumé.*

Child's Name: \_\_\_\_\_

**Theatrical Experience**

Show Title	Role Performed	Theater/Producer/City
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Acting/Vocal Training** (List instructors and/or school.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dance Training** (Indicate number of years)

\_\_\_\_ Jazz \_\_\_\_ Tap \_\_\_\_ Ballet \_\_\_\_ Other \_\_\_\_\_

**Other Information you feel is relevant to our casting process**

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\_\_\_\_\_