

NORTHSIDE HIGH SCHOOL
A CHRISTMAS CAROL – THE MUSICAL

TRYOUT INFORMATION

Students Name: _____

Grade: _____ School: _____

Parents Name: _____

Phone Number: _____

Email Address: _____

Other Musicals or plays in which you have participated & role played [if any]:

Other Activities in which you are involved: [Dates/Times/Etc.]

Any dance or singing experience? [Ex. School choir, church choir, dance classes, etc.]
