

TIBBITS

Young Audiences Audition Registration Form (PLEASE PRINT)

STUDENT NAME: _____ AGE: _____ GRADE: _____

SCHOOL: _____ HEIGHT: _____

STUDENT EMAIL: _____ STUDENT CELL: _____

ADDRESS: _____ City: _____ Zip Code: _____

PARENT NAME(S): _____

HOME PHONE: _____ PARENT CELL: _____

PARENT EMAIL: _____

PAST EXPERIENCE (plays, music, dance): _____

CURRENT ACTIVITIES (clubs, sports, lessons, etc.): _____

TO WHAT EXTENT THESE ACTIVITIES WILL INTERFERE WITH PLAY REHEARSALS
(4:30pm to 6:15pm Mondays, Tuesdays, and Thursdays):

ANY OTHER INFORMATION YOU FEEL IS PERTINENT (such as allergies, especially to make up):

PERMISSION AND PUBLICITY USE

CHILD'S NAME _____

I hereby give my child permission to participate in the Tibbits production and further grant Tibbits permission to use my child's image in publicity for this production or for general marketing of the theatre and its programs.

PARENT'S/GUARDIAN'S NAME (printed) _____

PARENT'S/GUARDIAN'S

SIGNATURE _____ DATE: _____