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:** _____