



Audition Registration Form

Audition # _____

Date _____

Name _____ Age _____

Please complete ALL information:

Student's mailing address _____

City/town _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Primary Parent(s) _____

City/town _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Company/employer _____ Work phone _____

Company/employer address _____

Secondary Parent(s) _____

City/town _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Company/employer _____ Work phone _____

Company/employer address _____

Academic School _____ **Grade** _____

City/town _____ State _____ Zip _____

Dance School(s) _____

Previous Nutcracker roles _____

Signature _____

(Parent if child is under 18)

\$20 Fee Paid: cash check # _____ cc# _____ exp _____