

LAST NAME: _____ FIRST NAME: _____ AGE: _____

HOME PHONE #: _____ OTHER #: _____

EMAIL: _____

IF YOU ARE UNDER THE AGE OF 18, INCLUDE YOUR PARENT/GUARDIAN'S NAME AND CONTACT INFORMATION.

WHAT IS YOUR ARTISTIC PRACTICE?

WHAT ARE YOU HOPING TO LEARN AT THIS WORKSHOP?

DO YOU HAVE ANY QUESTIONS FOR DARRYN?

(JOT THEM DOWN HERE. THE LAST 20 MINUTES OF THE WORKSHOP WILL BE SAVED FOR Q&A.)

WHAT EXPERIENCE DO YOU HAVE WITH AUDITIONING?

**IF YOU HAVE A DISABILITY AND WOULD LIKE TO SIGN UP FOR A 30-MINUTE 1:1 COACHING SESSION,
PLEASE INDICATE HERE THE DAYS AND TIMES YOU ARE AVAILABLE ON NOVEMBER 14 AND NOVEMBER 15 BETWEEN 3-5 PM.**
