

## PARTICIPANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

OTHER IMPORTANT INFO: \_\_\_\_\_

## EMERGENCY INFORMATION

CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

## KEY DATES

**NOVEMBER 14** AUDITION PREPARATION WORKSHOP

**NOVEMBER 14 & 15** COACHING SESSIONS\*

**NOVEMBER 22** APPLICATION DEADLINE

\*THIS SESSION IS INTENDED FOR INDIVIDUALS WITH DISABILITIES.

## ATTENDING?

YES  NO

YES  NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
FOR INDIVIDUALS LESS THAN 18 YEARS OF AGE