

PARTICIPANT INFORMATION

THIS FORM WILL BE SEEN BY PERFORMING ARTS STAFF ONLY.

LAST NAME: _____ FIRST NAME: _____ AGE: _____

SCHOOL: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE #: _____ OTHER #: _____

EMAIL: _____

ALLERGIES: _____

OTHER IMPORTANT INFO: _____

EMERGENCY INFORMATION

CONTACT NAME: _____

PHONE #: _____ CELL #: _____

RELATIONSHIP TO PARTICIPANT: _____

NOVEMBER 22 APPLICATION DEADLINE

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