

AUDITION REGISTRATION FORM

"Big River"

NOTE: PLEASE FILL IN FORM COMPLETELY. PLEASE COMPLETE SEPERATE FORMS FOR SIBLINGS. WE WILL NOT SHARE YOUR PRIVATE INFORMATION WITH ANYONE EXCEPT IN THE CASE OF AN EMERGENCY.

PERSONAL INFORMATION

NAME: _____ AGE: _____ DOB: _____

PHYSICAL ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS (IF DIFFERENT): _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS (IF DIFFERENT): _____

ALTERNATE/WORK PHONE: _____

SCHOOL CHILD ATTENDS: _____

CURRENT G.P.A.: _____

GENERAL INFORMATION

HOW DID YOU HEAR ABOUT US?: _____

HAVE YOU SEEN ANY OF OUR SHOWS?: _____ WHICH ONE?: _____

PLEASE ANSWER THE FOLLOWING HONESTLY. THERE ARE NO WRONG ANSWERS! IF WE ARE NOT ABLE TO OFFER YOU A ROLE WITHIN THE FOLLOWING PARAMETERS, WE WILL MAIL YOUR TUITION CHECK BACK TO YOU.

WHAT ROLE(S) ARE YOU AUDITIONING FOR?: _____

WILL YOU ACCEPT ANY ROLE WE OFFER? _____

IF NOT, PLEASE EXPLAIN: _____

IF SO, ARE YOU SURE?: _____ HAVE YOU EVER QUIT A SHOW? _____

HAVE YOU EVER BEEN REMOVED FROM A CAST?: _____ IF "YES" TO EITHER,

PLEASE EXPLAIN THE CIRCUMSTANCES: _____

IF "YES", PLEASE GIVE DATE AND NAME OF ORGANIZATION: _____

BY SIGNING THE FOLLOWING, I AUTHORIZE MY CHILD TO AUDITION FOR THE SUMMER PRODUCTION OF "BIG RIVER, THE ADVENTURES OF HUCKLEBERRY FINN" WITH CYC THEATRE WITH THE UNDERSTANDING THAT IF CAST, MY CHILD WILL PARTICIPATE IN REHEARSALS AND PERFORM IN THE LIVE SHOW.

PARENT/GUARDIAN

DATE

PRINT NAME