

YOUTH AUDITION FORM

2020 SEASON



Performer's Name

First..... Last.....

Date of Birth..... Height.....

Parent or Guardian's Name

First..... Last.....

I would like to audition for the following program(s) - please check all that apply:*

- Penetanguishene: *Sleeping Beauty: The Panto* Children's Chorus (May 22 – June 27)
- Grand Bend: *Sleeping Beauty: The Panto* Children's Chorus (June 26 – July 18)
- Waterloo Region: Youth Musical Theatre Program (July 6 – July 10)
- Grand Bend: Youth Musical Theatre Program (July 13 – July 17)
- Penetanguishene: Youth Musical Theatre Program (July 20 – July 24)
- Grand Bend: Pre-Professional Production Program *Frozen Jr.* (July 27 – Aug 15)

If the programs you have selected conflict, please let us know your preferred program below:

If selected, are you willing to participate in multiple programs?*

- Yes No Other.....

Parent or Guardian's Email.....

Performer's Email.....

Performer's Mobile Phone (if applicable).....

Home Phone Number.....

Parent or Guardian's Mobile Phone.....

Address

Street Address.....

City..... Province..... Postal Code.....

Are you a member of a professional association?

Canadian Actors' Equity Association..... ACTRA..... OTHER.....