

Please print clearly & return these forms to the registration table.

REMEMBER YOUR NUMBER

Audition #: _____

Name (First & Last): _____

Gender: M / F

Birthdate: _____

Height: _____

Weight: _____

Home Address: _____

Phone #1: _____

Phone #2: _____

E-Mail: _____

School: _____

Grade: _____

Graduation Year: _____

CONFLICTS

Please list all conflicts which would interfere with the Rehearsal Schedule (Tues. & Thurs. Evenings 7-9pm & Sun. 1-5pm), Tech Week (Sun., Jan. 7 - Thurs., Jan. 11), Shows (Jan. 12 - 28), School Show (Thurs., Jan. 25 @ 9:30am). Be Complete!! (Use the Back If Necessary.) Conflicts will not automatically exclude you from being cast!!

If not cast in this production, I am interested in working on the show in another capacity such as backstage or ushering: Yes No

Are you currently in or planning to audition for any other shows? _____ Yes _____ No

Which show/s? _____

How did you hear about these auditions? _____

Parent / Guardian Information (Please print)	
Name/s (First & Last):	_____
Home Address:	_____
Phone #1:	_____
Phone #2:	_____
E-Mail #1:	_____
E-Mail #2:	_____

MEMBERSHIP & AUTHORIZAZTION Current Membership?: _____ Yes _____ No

Becoming a member of CTA is easy and anyone can join. The benefits of Membership include: eligible to participate in auditions, workshops, master classes, camps + receive monthly e-newsletters with updates on shows, classes, & events. **Memberships are valid from July 1 to June 30 annually.**

_____ Membership (per person): \$10 _____ Family (2 members or more): \$20

_____ E-Newsletter Opt-Out: I would not like to receive the monthly e-newsletter.

I hereby give Children's Theatre of Annapolis permission to photograph and list the names of my children on this form and to use these in any and all promotional materials including but not limited to posters, programs, printed media's and the CTA website.

_____ *Parent / Guardian Signature* _____ *Date*

 CTA USE ONLY _____ Amount Paid _____ Cash _____ Check _____ Credit Card