

REGISTRATION FORM

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: _____

EVENT REQUIRMENTS

REHEARSAL:

- All cast members must attend the cast meeting on Sunday, October 7th from 11:30am - 12:30pm
- Vocalists must attend all vocal rehearsals (date/s: TBD).

COSTUMES:

- CTA will assign a state to each cast member. Each cast member must commit to creating and wearing a costume that represents their state at the event. All costumes must be pre-approved.
- Vocalists must wear white button-down shirt / blouse, navy blue skirt / pants, black dress shoes.

A legal parent/guardian must attend the event with their child (date: October 27, 2019).

Transportation will be provided from CTA to the State House. CTA Departure Time: 10:00 a.m. State House Departure Time: 2:30 p.m.

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:	_____

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: _____ Vocalist Audition

_____ State Representative Audition