AUDITION FORM MATILDA Jr

Audition #	_
# entered by AATI sta	ff

Performer Name: _		Performer Age:					
Height:	mer Name: Hair Color: Performer Age: :				t: Hair Color: Eye Color: _	Eye Color:	
D	()·						
Call Phone #:	Parent/Guardian Name(s): Other Phone #:						
		FIIONE #					
Home Address:							
Audition Song:							
Vocal Range/Type:							
• •	ould like to audition for <i>(cire</i> SINGING DANCING	cle all that apply): ACROBATICS/TUMBLING					
Roles interested in:	·						
Would you accept a	ın Ensemble role? <i>(circle)</i>						
Previous stage expe	erience/recent productions:						
Special Skills (list ar	ny special talents that may benef	ît this production):					
8:30pm), Some Tuese <u>Tech/Dress Rehear</u> <u>Performances</u> : Feb <u>Cast members will not be</u>	: Starting January 9 – Saturd days if needed (7:15-8:45pm) <u>sals (required):</u> February 18 - ruary 22 - 25 be required to attend every rehears	al.					
We will try and work	around your conflicts as much	s & full time frames for each conflict. as possible, but you must list ALL week & performance dates will not be					
-List conflicts with Tue	ates/times), for potential rehears./Thurs. evenings & Sat. aftern se the back of this page or attach conf						

Conflicts (continued):					
EMERGENCY CON	ГАСТ:				
Name:	ne: Relationship #: Home Phone #: Work #:				
Cell #:	Home Phone #: _		_ Work #:		
WAIVER AND REL	EASE				
staff to call a person recognize the risks Participating in the agreement and und and all teaching sta including attorney participation in AN performances, and program given or s resulting from. I he	n listed above, and an a of injury inherent in an AND ALL THAT JAZZ! I lerstanding that I am w Iff from any and all clair	mbulance, in the program is dependenting and releated as it is dependented as it is dependented as it is and all participated and all p	endent upon the express asing AND ALL THAT JAZZ!, ties, expenses, judgments, ly "claims") arising out of onal programs, ation in any event or any illness or injury		
			photos or videography s for promotional or other		
the same household	d do not have any symp to contact AND ALL TH	otoms of illness	an and all others living in (for COVID-19 or f any symptoms of illness		
Parent Signature:			Date		