

Call Back _____ Audition # _____
Cast _____ Parent Committee _____
------(Please DO NOT write above this line)-----

Show auditioning for: _____

If your child is new to CYT Anderson, turn in this form with a current photo at AUDITION TABLE at Auditions.
(Please include a current picture - your photo **WILL NOT** be returned. Please **DO NOT** attach it to the audition form).

CYT AUDITION FORM ♦ STUDENT INFORMATION

Name _____ Home Phone () _____
Parents' Names _____ Cell Phone: _____
Address _____ City _____ State _____ Zip _____
Age _____ DOB _____ Height _____ ft. _____ in. Hair Color _____ Male Female
School _____
Other talents (i.e., tap, ballet, gymnastics, etc.) _____
Parent E-Mail Address: _____
Student E-mail Address: _____

List commitments that would interfere with rehearsals and performances. Rehearsals are on Tuesdays, Fridays, Saturdays
(a.m.) Give **SPECIFIC DATES** and **TIMES**: _____

How many CYT shows have you auditioned for prior to this one? _____ Number of shows you have been in? _____

List the CYT shows you have been in: _____

What other shows besides CYT have you been in? _____

What song will you be singing? _____

♦ PARENT INFORMATION ♦

I realize that if my child is chosen for the cast, I will be responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Director in advance. In order to ensure the quality of rehearsals and the production, I understand that any unexcused absences may result in dismissal from the show.

I understand that I will be charged a \$50 Production Fee, as well as be responsible for personal items (i.e., shoes, tights, make-up). ***I understand that I will be required to attend two parent meetings (the first on Tuesday, February 27, the second on Tuesday, March 20. Both are 6:45 to 8:45 (during rehearsal time) and to volunteer approximately 20 hours as part of a parent committee***

I realize that if my child is not chosen for the cast, the class tuition is nonrefundable. The training received in classes is extremely helpful in preparing them for the next audition and show. We strongly recommend the training to help them achieve their goal of being cast in a show.

Signature of one parent: _____ Date _____

Parents' occupation(s) and hobbies and interests

Are you available to work at the School Days performances? Yes _____ No _____ WEB