



Caledonia Kids Theater

2021 Audition Form

5th 6th

(circle grade above)

Name _____

School _____ Grade _____

Parent Name(s) _____

Parent Phone _____ Parent Email _____

Please completely list all conflicts you have with the rehearsal schedule. If you have no conflicts, please note that as well. **It's the expectation that each student who receives a lead role makes a commitment to maintain 100% attendance at ALL rehearsals to ensure the success of the production. Emergencies are the ONLY exception. Please consider this thoroughly.**

I give permission for my child, _____,
to audition for this CKT production. I have looked over the rehearsal and performance
schedule and have noted all conflicts.

Parent Signature _____ Date _____