All About Music Children's Theatre

19108 Wolf Rd Mokena, IL 60448 708-479-0440 allaboutmusicmokena.com

AUDITION REGISTRATION FORM (must be turned in at sign up)

Child's Name:	_Grade:	Age:		
Birthday/ Height:'" (be	accurate, don	't leave blank)		
Parent's/Guardian's Names:				
Best Phone: () Second Phone:	()			
Address: City:	State: Z	ip:		
Parent's Email Address:				
School Name and district:				
Emergency contact:	Phone: ()		
(in case you can't be reached, list an alternate name and number)				
Please list any allergies; medical conditions, medicatio be aware of:	_			
Please list ANY rehearsal or show conflicts you may have on Monday & Thursday Evening from 6 to 8 and Saturdays from 10:00 until 2:30 as well as Sunday, Oct 27th and Sunday Nov 3rd. Conflicts won't necessarily preclude you from being cast in this show if we know about them in advance. If you are cast in a lead role and have two or more absences, which are not listed, and are not an excused emergency or illness, your part may be reassigned at the discretion of the production team and you will be placed in the ensemble. Ensemble members having more than 3 unexcused absences may be removed from the production entirely. Missing more than 30 minutes of a rehearsal counts as an absence. Attendance at Dress Rehearsal, Tech Week and shows is mandatory and there are no tuition refunds if a student drops from the show at any time. (use space on back if needed)				
Publicity Portions of this performance may be photographed and purposes including but not limited to web site, brochumedia, or promotional/archival videos. Please sign incepermission to use your child's image/name.	re, newspaper a	ads/features, social		
Signature:	_ If not signed	child will not be cast.		

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Child's Name:		
Please list singing, dancing, and theatre experience	e including private lessons, and studio:	
School Music/Drama and or Chorus Teacher's Name	e:	
PERMISSION SLIP AND RELEASE		
My son/daughter	s Child's Parent or Guardian, I release or claims whatsoever for any injury or g in any rehearsal, activity or at I will make no claim or demand used for rehearsal or production y rehearsal, activity or performance sources, insurance or assets to pay all injury or incident occurs. The term rolunteers or other staff of the Comparmy child into and out of all rehearsals emergency contact listed above. I also after the designated end of rehearsal minutes I am late. I also agree that if or, that cannot be corrected after being	r r ny or
Parent or Guardian Signature:	Date:	
Printed Name:		
Child's Email address if they want to receive emails	5	
How did you hear about us?		
(For Office Use Only)		
Registration Fee \$25 Date Recv'd / /	Paid Check# or Cash	