

**Audition Registration Form**  
Little Stars Children's Theatre  
*Wonderland!*

Performer Name: \_\_\_\_\_

Performer Age: \_\_\_\_\_

Performer Gender: \_\_\_\_\_

Performance History:

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Would your child want a lead role or something smaller?

\_\_\_\_ Lead role

\_\_\_\_ Smaller role

Would your child accept a role different from what they listed above?

\_\_\_\_ Yes

\_\_\_\_ No

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Please select your audition date and time:

December 13th, 10-1130 am. \_\_\_\_\_

December 13th, 12-130 pm \_\_\_\_\_

Please note that you are completing registration for auditions only. Our ability to put on a fantastic show is on having the numbers to do so. If your child does not come to their scheduled audition they will forfeit their preferred role selection.