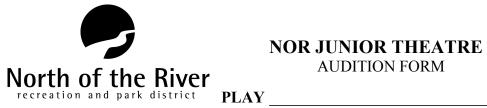
#	
---	--



NAME	E-ma	il Address	
	BIRTHDATE		
PHONE	SCHOOL	GRADE	
PARENT/GUARDIAN INFO	DRMATION		
PARENT/GUARDIAN NAMES((S)		
FATHER WORK #	CELL #		
MOTHER WORK #	CELL #		
ADDRESS	CITY	ZIP	_
HOME PHONE	Email Address		
EMERGENCY CONTACT	РНО	NE #	_
EVDEDIENCE (starting with	most recent)		
EXPERIENCE (starting with PLAY	most recent) CHARACTER	COMPANY	DATE

SPECIAL ABILI	TIES		astic/Tumbling Sk	Vocal Range, Dance Sills, Instrument played		
SINGING						
DANCING						
MUSICAL INSTR	RUMENT					
DO YOU READ I	MUSIC					
GYMNASTICS/C	THER					
note any conflicts	by placing an	"X" who	ere you are unava	-8:00 PM, with the po ilable for rehearsal. icts, not herein listed,	To be considered for	r a lead role, you
TIME	MONDA	Y	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY List Conflicts
5:30-6:00 PM						
6:00-6:30 PM						
6:30-7:00 PM						
7:00-7:30 PM						
7:30-8:00 PM						
Please list any spe	cific conflicts	by date	that you are aware	of:		
EMERGENCY N	MEDICAL IN	FORM	ATION			
our time with then	n. This will no	t keep yo	our child from par	to be aware of any safticipating in Junior The performances should	neatre. However, yo	u may be asked to
Does your child ha	ave any of the	followin	g issues we shoul	d be aware of to help	your child be succes	ssful at rehearsal:
Yes New Market New Yes						
`	•		,	sthma Heart Is	sues	
Social Anxiety Dis	sorder A	Auto Imi	nune Disorder	Allergies:		
Diabetes (type)	Bladder C	Control _	Sight/Speec	h/Hearing Othe	er Challenges:	
Should an issue ar	ise, please list	any med	lications your chil	d is taking or ways w	e may help them un	til you are located.