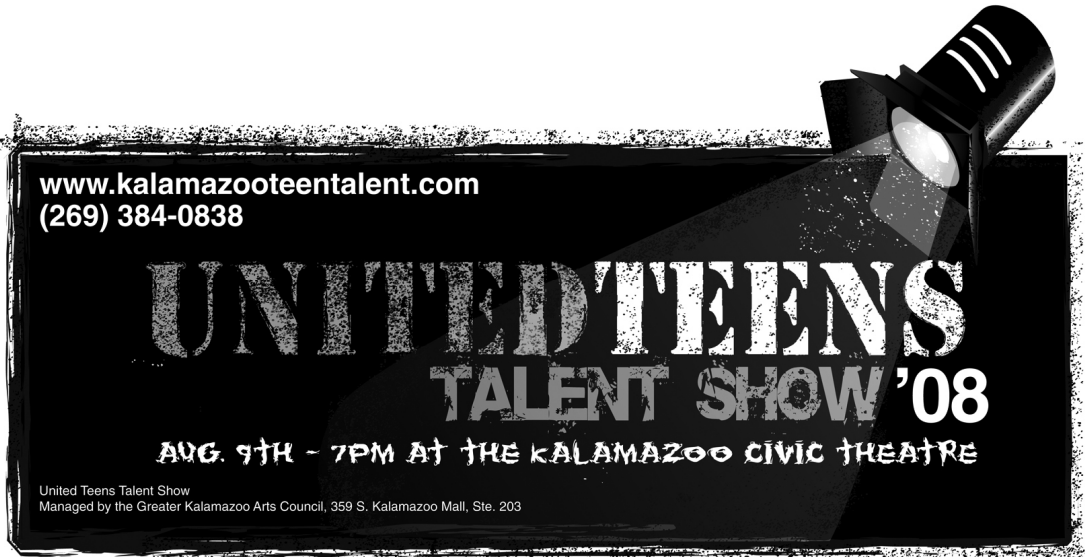


Group Audition Form



Group Name: _____

Song/Performance Title: _____

Original Artist (if applicable): _____

Number in group: _____

Type of Performance (circle one)

Dance Rap Singing (rock/opera) Instrumental

Other: (Comedy, Drama Reading) etc. _____

Please look over all the dates listed below and let us know if you have any conflicts with any of the times or dates. **You must be able to commit to attending all of the rehearsal times in order to be in the talent show!**

- The Call back date is June 27.
- Rehearsal dates and times: Rehearsals start on July 28th and run M-F from 6:00 – 8:30 for two weeks. Each participant will receive three professional coaching sessions in their area and participate in an open and closing musical number with the rest of the talent show participants.
- Talent Show is Saturday, August 9th at Kalamazoo Civic Theatre.

Group Audition Form

1. Name: _____

Age: _____ Telephone Number: _____

Date of birth: ____/____/____ Cell phone Number: _____

E-mail: _____

School: _____

Address: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____ Cell phone: _____

Something special about you: _____

I agree to follow by all rules and policies _____ (signature)

Any time conflicts?

2. Name: _____

Age: _____ Telephone Number: _____

Date of birth: ____/____/____ Cell phone Number: _____

E-mail: _____

School: _____

Address: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____ Cell phone: _____

Something special about you: _____

I agree to follow by all rules and policies _____ (signature)

Any time conflicts?

Group Audition Form

3. Name: _____

Age: _____ Telephone Number: _____

Date of birth: ____/____/____ Cell phone Number: _____

E-mail: _____

School: _____

Address: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____ Cell phone: _____

Something special about you: _____

I agree to follow by all rules and policies _____ (signature)

Any time conflicts?

4. Name: _____

Age: _____ Telephone Number: _____

Date of birth: ____/____/____ Cell phone Number: _____

E-mail: _____

School: _____

Address: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____ Cell phone: _____

Something special about you: _____

I agree to follow by all rules and policies _____ (signature)

Any time conflicts?

Group Audition Form

5. Name: _____

Age: _____ Telephone Number: _____

Date of birth: ____/____/____ Cell phone Number: _____

E-mail: _____

School: _____

Address: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____ Cell phone: _____

Something special about you: _____

I agree to follow by all rules and policies _____ (signature)

Any time conflicts?

6. Name: _____

Age: _____ Telephone Number: _____

Date of birth: ____/____/____ Cell phone Number: _____

E-mail: _____

School: _____

Address: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____ Cell phone: _____

Something special about you: _____

I agree to follow by all rules and policies _____ (signature)

Any time conflicts?