

AUDITION FORM A

Office Use Only
NO

Please print legibly. Please fill in ALL information

AGE: BIRTHDAY:		MALE	FEMALE	(circle one)
SCHOOL:		GRADE	:	
ADDRESS:				
STUDENT CELL:	STUDENT EMAIL:			
**PLEASE HIGHLIGHT THE PHO	ONE NUMBER YOU WANT CA	LLED FOR	CALLBACKS	**
GUARDIAN INFORMATION Mother/Guardian 1:	GUARDIAN IN Father/Guardian		<u>ION</u>	
NAME:	NAME:			
ADDRESS:	ADDRESS:			
HOME PHONE:				
CELL:	CELL:			
PLACE OF EMPLOYMENT:				
	WORK PHONE:_			