

Children's Theatre of Terre Haute, Inc.
Director: Ted Compton

Office Use Only: No. _____ R or NR

PLEASE PRINT in pencil or blue or black ink

AUDITION REGISTRATION FORM

Name _____ Age _____ School _____ Grade _____

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____

Birthdate _____ Height _____ Weight _____ Hair Color _____

M/D/Yr

Mother's Name _____ Work/Cell Phone _____

Father's Name _____ Work/Cell Phone _____

Mother's Employer _____ Father's Employer _____

Parent Email Address _____

Youth lives with _____ Youth's Email (if applicable) _____

Is there a particular part for which you want to audition? _____ Will you accept any role? _____

TRANSPORTATION WILL NOT BE PROVIDED. Rehearsals will usually be on Monday, Tuesday, Wednesday and Thursday from 4:00 to 6:00 PM at The Vigo County Fairgrounds (One or two weeks prior to production we will be at Zorah Shriners Auditorium when practices will go later).

Please list any conflicts: _____

Two weeks prior to production EVERYONE must attend ALL rehearsals. Will you be able to attend ALL these rehearsals? _____

Productions are October 7th, 8th and 9th. Any conflicts? _____

Please note any special talents and amount of training. Piano or other instrument _____

Sing _____ Gymnastics _____ Dance _____

Other (magic tricks, juggling, etc) _____

List any previous performance experience (plays, talent show, choir, etc) _____