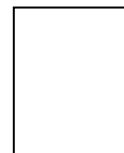




C. Hook Theater



Audition No.

Audition Form

Name	_____		
Address	_____		
City	_____ Zip	_____ School	_____
Home Phone	_____	Parent Cell Phone	_____
Student Cell Phone	_____		
Email	_____	Parents' Email	_____
1 st Parent's Name	_____		
2 nd Parent's Name	_____		
Age	_____	Height	_____ ft. _____ in.
Date of Birth	_____	Grade	_____
T-Shirt Size	_____		
Parent Signature	_____		
(if under 18 years of age)			

Photo

LIST ANY POSSIBLE REHEARSAL CONFLICTS: (Rehearsal is M-W-F, 4:30pm-6:30pm; Sat, 8am-11am)

Conflicts will be a casting consideration.

Do Not Write Below This Line

Director's Notes
