



Kamiakin JH 2011-12
Bye Bye Birdie
 Audition Form

Student Name: <i>(last)</i>		<i>(first)</i>		Date:	
Street Address:			City:		Zip:
Height: <i>(Please be as accurate as possible)</i>		Hair Color:		Grade:	
Date of Birth: ____/____/____		Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last Name:		First Name:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	
Parent Email:				Home Phone:	
				Work Phone:	
				Cell Phone:	
Street Address:			City:		State: Zip:
Last Name:		First Name:		Home Phone:	
Parent Email:				Work Phone:	
				Cell Phone:	
Street Address:			City:		State: Zip:
You and your student will receive rehearsal schedule updates and Studio East information via email. After the class, camp or production ends, you may remove your family from the email list if you wish.					

Experience:

Performing experience, awards, classes etc. (or attach resume):

Dance or Gymnastics experience: _____

Do you play an instrument? (check one)

no yes, I've played _____ for _____ years.

Audition Schedule Preference:

Please circle which day is your first choice for auditions:

- | | |
|-------------------|--------------------|
| Monday Nov 28 3pm | Tuesday Nov 29 3pm |
| Monday Nov 28 4pm | Tuesday Nov 29 4pm |

Comments: _____

Director Notes: _____
