

Audition Form

Name			
Grade (Circle One) 6th 7th 8th Email			
Phone Number			
Type of performance			
Name of group (if applicable)			
Other performers in your group			
Title of song, dance, etc.			
Do you participate in a sport currently practicing?			
If yes, who is your Coach?			
By signing below, I understand that the director's decisions are final. I agree to a rehearsals and performances. I will provide my own costume, pending appropriate a printed copy of any lyrics or scripts I will be using. I will be a support and will conduct myself in an appropriate manner. I understand that should I far may be removed from the production and barred from future productions. I also unaintain my academic requirements during production and that any absences (unimal my removal from this production. I give my permission to Oakview Middle media of my likeness from this production for promotional purposes.	roval from lative member ail to comply anderstand than less pre-ar	Mr. Daver of this y with the hat I american tranged)	wley. I will s production the above, I n required to) may result
Student Signature	Date	/	/
Parent/Guardian Signature	Date	/	/
For Staff Use Only			
Projection Quality Entertainment Value Stage Presence	_ Overall Po	erforma	nce
Notes/Suggestions:			