

2020 Youth Audition Registration

Stuart Little

Name: _____ Age: ___ D.O.B _____

Home Address: _____

Telephone Number(s): _____

E-Mail: _____ Height/Weight _____

Parent/Guardian Name(s) if applicable: _____

List the musical instruments you play: _____

List any past theatrical/performance experience here:

Unless you advise us otherwise via **THIS** form, we will function with the understanding that you have **no** conflicts in your schedule that will interfere with rehearsals and performances. *Stuart Little* will begin rehearsals approximately the week of September 1st. The performance period is 10/3 thru 10/25 and will include some daytime student matinee performances.

What days of the week are you **NOT** available for rehearsal on a **REGULAR** basis?

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

What specific dates & times are you **NOT** available for rehearsals or performances? Please declare **ALL** known scheduling issues (school, family obligations, sports commitments, etc), please use the back of this sheet if necessary.
