BRBT COMPANY AUDITION FORM

Name: (First and	l Last – as you wish it to a	ppear in the prog	gram and any pu	blicity materials)
Mailing Address:				
	Zip Code:			
Parents' E-Mail(s):			
		Grade:		
Age:	Birth date:	Н	eight:	Weight:
Place of Business	:			
Phone (work):	(home):	(cell):	
Father's Name: _				
	:			
Phone (work):	(home):	(cell):	
dance studio when	NG: (So we may acknowle re you are currently enrolle	d {if any}):		
Previous roles in	BRBT's Nutcracker:			
Their role is non-ne Rehearsals will be h of performance who and will only be ex- perform in one Nuto place December 16-	Below my dancer is selected as a congotiable and that my dancer and held on Saturdays, Sundays and rehearsals will be held at the cused in case of illness or a materiacker show, they must be available, 2023, as well as Cinderell at we have read all the above as	nd I agree to fulfill to d Monday-Thursday e River Center Thea ajor emergency. Als allable to perform in a on April 20-21, 20	he obligation to atte evenings, dependir tre. I understand that o, I understand that any of the four Nut 24, at the River Cer	nd ALL rehearsals. ng on the role, until the week t absences are not tolerated though my dancer may only cracker performances taking iter Theatre. By signing
Parent's Signature	2	Dancer's Signature		
For BRBT use on	ly: \$10 Fee Paid	Cash	Check #	