The Nutcracker - A Tale from the Bayou AUDITION FORM

Name: (First and I	Last – as you wish it to ap	ppear in the progra	m and any public	ity materials)		
Mailing Address: _						
City :	Zip C	ode:	Dancer's	Cell:		
Parents' E-Mail(s):						
Academic School:				Grade:		
Age:*DANCER MUST	_Birth date: _ BE 8 YEARS OLD BY D	DECEMBER 31, 201	Sex: 9, TO AUDITION	F M		
Mother's Name:						
Place of Business: _						
Phone (work):		(home):	(c	ell):		
Father's Name:						
Place of Business: _						
Phone (work):	(1	home):	(c	ell):		
where you are curre	ntly enrolled {if any}):			ne exact name of the dance stu		
and that my dancer an Saturdays OR Sunday I understand that abse though my dancer ma	d I will fulfill our obligation s until the week of performa nces are not tolerated and wi	to attend ALL rehears nce when at least two ll only be excused in c they must be available	als. Rehearsals will rehearsals will be hel ase of illness or a ma to perform in any of	earsal fee, that their role is non-not be held each week at a similar tin d at the Raising Cane's River Cer jor emergency. Also, I understar the four taking place the weeken y all application statements.	ne on nter Arena. nd that	
Parent's Signature		Dancer's Signature				
For BRBT use only	: \$10 Fee Paid	Cash	Check	#		
	Height in inches:	Weight:	Girth:	Waist		