Audition & Portfolio Prep

Students Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check which workshop series your child would like to attend:

\_\_\_\_\_\_\_\_Dance      \_\_\_\_\_\_\_Visual Art     \_\_\_\_\_\_\_\_\_\_\_\_Music    \_\_\_\_\_\_\_\_\_\_Drama

 Please list schools your child is auditioning for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to your talent teacher.

* Visual Art will meet on Wednesdays, 10/15, 10/22, 10/29, and 11/5 from 2:20-3:50 in room 303
* Drama will meet on Thursdays, 10/9, 10/16,  10/23, and 10/30 from 2:20-3:50 in room 454
* Instrumental Music/Vocal will meet on Thursdays 10/9, 10/16, 10/23, 10/30, 11/6, 11/13 from 2:20-3:20 in Room B22
* Dance will meet on Wednesdays 10/8, 10/15, 10/22, and 10/29 from 2:20 to 3:50 in room 306