



AUDITION REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE CONTACT: \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

CURRENT AGE & BIRTHDATE: \_\_\_\_\_

CURRENT HEIGHT: \_\_\_\_\_

CURRENT WEIGHT: \_\_\_\_\_

PLEASE LIST ANY CONFLICTS YOUR CHILD MAY HAVE OCTOBER 25 THRU DECEMBER 30:

\*\*\*\*\*Should your child be hired, any additional conflicts that arise once they are cast may result in dismissal from the show.

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

**\*\*\*\*PROOF OF COVID-19 VACCINATION:** Please provide proof of vaccination along with your registration form.

**\*\*\*\*PLEASE SUBMIT FORMS TO:** [amyers@derbydinner.com](mailto:amyers@derbydinner.com) Once pre-registered, you will receive audition materials via email.