

PERMISSION/REGISTRATION

Crystal Theatre Permission/Registration

My Child/grandchild/foster, _____, has permission to attend the audition for **King Arthur's Quest, August 10, 2015**, from **10:00 to Noon** at **The Crystal Theatre**. I understand that, if chosen for the play, my student will need to attend rehearsal, Tuesday through Friday. They will also need to be available for the dress rehearsal and performances on Friday Aug. 14 at 7:00 and Saturday Aug. 15 at 2:00. I understand that students will not be excused from rehearsals or performances for practices, appointments, etc., but must keep the week completely free for this residency week.

Please Note Change:

Auditions will be Monday Aug. 10, 2015 ONLY from 10:00 a.m. to Noon

No Auditions on Tuesday. Rehearsals Start on Monday 12:30 to 2:30 and Tuesday through Friday at 10:00 to Noon and 12:30 to 2:30. Half hour is provided for lunch. Please bring a bag lunch.

Please Fill Out and Print Only

Child's Name: _____

Address: _____

Phone Number: _____

Age: _____ Grade going into in September: _____

Parents Name (Please Print): _____

Parent /Guardian Signature _____

Emergency Contact's Name (Please Print): _____

Emergency Contact Phone Number _____

Bring This Form To The Audition