

**AUDITION WORKSHOP  
Registration Form**

Student's Name: \_\_\_\_\_

Contact email: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Cell Phone Number: \_\_\_\_\_

Payment:    Cash            Check            Check # \_\_\_\_\_

PAID: yes    no

THINGS TO KEEP IN MIND...

Participant need to be ready and onstage prior to the 2:45 start time. No late participants will be let in after 2:44 pm.

Bring a water bottle with you.

Be open to suggestions and new ideas.

Be respectful to our guest presenters.

Be respectful to the other participants.

By signing below, I promise to adhere to all expectation set forth by the EHS Theatre Department.

\_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION DEADLINE IS WEDNESDAY, OCTOBER 19.  
FORM & PARTICIPATION FEE ARE DUE WEDNESDAY, OCTOBER 19.**