



MUSICAL THEATER REGISTRATION FORM

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Production Name: _____

Desired Roles: (1) _____ (2) _____ (3) _____

I would accept a lead role: Yes () No ()

I would accept an ensemble role: Yes () No ()

I have experience in the following areas: Stage Crew _____ Singing _____

Dancing: Ballet ___ Jazz ___ Lyrical ___ Tap ___

Musical Instrument: Guitar ___ Drums ___ Violin ___ Piano ___ Other _____

Class Schedule: M ___ T ___ W ___ Th ___ F ___ Sa ___ Su ___

5:00 PM ___ 5:30 PM ___ 6:00 PM ___ 6:30 PM ___

7:00 PM ___ 7:30 PM ___ 8:00 PM ___ 8:30 PM ___

Shirt Size: _____ Pants Size: _____ Skirt Size: _____

Dress Size: _____ Shoe Size: _____ Hat Size: _____