

WASHINGTON REVELS 2015 CHILDREN'S AUDITIONS

Name: _____

What school do you attend? _____ What grade? _____

Height: _____ Approx. weight: _____ Age: _____ Birthdate: _____

1st Parent/Guardian -

2nd Parent/Guardian -

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip : _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Preferred Email (s): _____

Preferred Email (s): _____

I would like my child's name listed in the program as follows (please print):

MUSIC, DANCE, THEATER EXPERIENCE: Please list any choral experience, dance or music classes, staged productions, instruments studied, etc. Can you do cartwheels or flips, or juggle? Anything else you want us to know?

REVELS EXPERIENCE (classes, Festival Day, parades, May Revels, etc.):

Have you ever seen a Revels performance? YES NO

If YES, please circle: Christmas Revels May Revels Other _____

For those new to Washington Revels: What led you to audition for Christmas Revels?

Audition notice Web site Friend Attended Revels event or performance

Revels e-newsletter Other _____

Would you like to receive our e-newsletter with information about Revels performances, events and auditions? If so, at what email address? _____