



Audition # _____

Age: _____

Nutcracker 2011 Audition Form

Participant Information:

First Name _____ Last Name _____

D.O.B.: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Email Address: _____

Home Phone: _____

Student's Academic School: _____

City/State: _____

Student's Dance School(s): _____ Years Experience _____

Performed in this production before? Yes _____ No _____ Years: _____

If so, Parts performed: _____

Parent Information:

Name (s): _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell phone: _____

Place of Employment #1: _____

Place of Employment #2: _____

Parent Signature: _____

Credit Card # _____ Exp Date: _____

Please note that GBAD will not charge card unless otherwise noted.

By auditioning for this performance, you understand that placement of a casted role is at the sole discretion of the Artistic Director. Agreement to participate is based on this condition X _____ (please initial)

Sunday September 18th
Wednesday September 20th
Friday September 30th

MANDATORY Nutcracker Orientation
Casting Announced
Rehearsals Begin

\$20 Audition Fee: Check# _____ CC: _____ CASH: _____

