

Audition Form
2008 X*ACT
Children's Summer Theater Program
"Charlotte's Web"

NAME

Parent's name

HOME ADDRESS

PHONE (H)
Cell

EMAIL

AGE

School attended

Theater Experience

Why do you want to participate in this program?

Parent Signature

I understand the commitment to daily attendance and participation in the X*ACT program. I waive responsibility for injury or illness for the theater and understand my own responsibility for providing transportation to the final productions and providing daily snacks and lunch for my child.