

X*ACT CHILDREN'S WORKSHOP AUDITION FORM

Show _____ Date _____

Child's Name _____ Age _____

Parent's Name _____

Address _____

Phone Number: Home _____ Cell _____

E-Mail _____

School _____

Theater Experience

Why do you want to participate in this program?

I understand the commitment to rehearsals and participation in the X*ACT production. I also understand it is my responsibility to provide daily lunch and snacks for my child as well as transportation to the final productions.

PARENT SIGNATURE _____ DATE _____