

**COASTING ALONG THEATRE SOCIETY
2019 NUTCRACKER AUDITION REGISTRATION FORM**



For Administrative Use Only

Height	
Weight	
Audition #	
Category	

**Please note: If you are under 19 years of age and are accepted into the production, we will require a parent or guardian to sign the contracts on your behalf.*

Name of Dancer

First _____ Last _____ Middle I _____

Date of Birth (M/D/Y) _____ Age of Dancer (on 12/31/19) _____

Years of ballet training _____ Number of years on pointe (if applicable) _____

Dance School(s) _____

Dance Form(s) _____

Home Address _____

City _____ Province _____ Postal Code _____

Parent/Guardian's Names: _____

Parent's Phone: _____ Dancer's Phone: _____

Email(s) to which all NUTCRACKER correspondence and information will be sent:

(print **CLEARLY**)

Role(s) auditioning for (if known)

Weekend Commitments <i>(we will do our best to work around these)</i>		
Day	Time	Activity