



CENTER STAGE

SCHOOL OF PERFORMING ARTS

Stage Hands, Inc.

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2009-10 SEASON AUDITION REQUEST FORM

(Please complete form and bring or mail to our office)

Today's Date

Name of Child

Date of Birth

Age

Male/Female

School

Grade

Parent/Guardian Name

Home Phone#

Cell Phone #

Address

City/State

Zip Code

Guardian 1 Email

Guardian 2 Email

Other Email

FOR OFFICE USE ONLY

Date Contacted to Schedule Audition

Method of Contact

Scheduled Audition Date/Time

Comments