

Number: _____

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Stoughton Center for the Arts Company Audition Form

Name: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Additional Contact Info: _____

Parent Email: **REQUIRED:** _____

Auditioning for: (please circle)

Co Musician

Co Actor/Actress

Co Dancer

Co Triple Threat Member

By auditioning, I agree to accept placement on the Pre-Professional Level and Company competition piece(s) offered. I am aware that rehearsals are mandatory, and that any unexcused absence may result in my dismissal. (An absence is considered excused if a parent phones in prior to the start of the rehearsal. We discourage any absences: however, we understand that an illness or emergency may arise.)

Please view SCA Co Audition Newsletter on our website: <http://stoughtoncenterarts.com/>
You will find links to schedules, contracts and more, so that you are aware of ***any and all*** contract stipulations.

We (performer and parent) agree to and accept the above.

Auditionee Signature: _____

Date Signed: _____

Parent Signature: (if auditionee is under 18): _____

Date Signed: _____