



Please complete and return portion below

**WWE PTSA & MISSOULA CHILDREN'S THEATER
GULLIVER'S TRAVELS AUDITION REGISTRATION FORM**

ALL FIELDS BELOW ARE REQUIRED!

Student Name: _____ Grade: _____ Teacher: _____

Parent Name: _____

Cell Phone: _____

E-mail (mandatory for communication): _____

Emergency Contact Name and Phone: _____

If my child is cast, I am willing to volunteer to do the following:

_____ Parent contact onsite for a rehearsal period

I am generally available: _____ 3-5pm _____ 5-7:30pm

_____ Ticket Sales _____ before school _____ after school _____ on performance day

READ AND INITIAL BELOW:

_____ I agree that my child(ren) will be present for the entire audition period of 3:00 to 5:00 PM on Monday, March 5th, 2018.

_____ I agree that should my child(ren) be cast in the performance, I will submit payment of \$55 per child by Wednesday March 7th, 2018.

_____ I understand that should my child(ren) be cast in the performance, they will not be excused from rehearsals or performances, except for unforeseen medical reasons.

Parent/Guardian Signature: _____

Please return this form to the Front Office c/o the PTSA Enrichment Committee or email to staceyp1@gmail.com on or before Thursday March 1st, 2018.