

“Sleeping Beauty” Audition Form

Number _____

Student Name _____

Age _____

Parent/Guardian _____

Cell Phone _____

Email _____

I understand that if my child is chosen for a role they will be expected to be at all scheduled rehearsals and that these rehearsals may be scheduled any time during the week, including Friday and Saturday. **I also understand that there is a \$50 rehearsal fee if my child is chosen for a role and that this fee will be due with March tuition. Featured character costume(s) costs are the responsibility of the student.**

Parent Signature _____

_____ I wish to be considered for all roles within my age range

_____ I only wish to be considered for the following roles:
