



HOW TO AUDITION FOR YOUR SCHOOL SHOW

4630 Merchant's Park Circle, Suite 737, Collierville, TN 38017 (901) 853-9669

Date: August 16th and 17th

Time: 6:00PM-9:00PM

COST: \$75

Location: New Day Studio at The Avenue Carriage Crossing

Whether you are auditioning for your school show, the local community theatre, or just want to improve your auditioning skills; this is the workshop for you.

Learn tricks to help you win that audition whether they are cold readings, musical theatre songs, improv or prepared monologues. Two short evenings will help you to be confident and prepared. The first evening will focus on cold readings and improvisations. The second evening will focus on the monologue and musical theatre audition. You should bring a one minute monologue (NOT from a film) - memorized and a musical theatre song completely memorized. Bring sheet music to the workshop. An Accompanist will be provided. Mail check to address above or visit our website to pay by Paypal.

REGISTRATION FORM

Participant's Name _____ Preferred Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

AGE _____ Date of Birth _____ School _____ Grade _____
Mother's Name _____ Daytime phone (mom) _____
Father's Name _____ Daytime phone (dad) _____
Cell phone (mom) _____ Cell phone (dad) _____

In the event that a parent cannot be reached, please call:

NAME _____ Phone _____

Can the above person give permission for treatment? (circle one) YES NO

Preferred Hospital: _____

Please list any special dietary restrictions, physical restrictions, or health problems, including allergies, that we should be aware of _____

I affirm that, except as noted above, my child is in good health and able to participate in all activities. YES NO

With the understanding that safety standards will be met, I release New Day Children's Theatre from possible claims for injury to person or property, which may arise from participation in all activities, and hereby agree to hold harmless New Day Children's Theatre, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation. YES NO

In the event of a medical emergency, if parent or emergency contact is not available, I give the workshop director permission to transport myself or my child to a medical facility. I further give permission for the Director to seek any and all emergency medical treatment needed.

*I have read and understand the policies outlined in this brochure. YES NO

*May we include you or your child's name and/or photograph in our advertising? YES NO

Signature of Parent/Guardian _____ Date _____