

The Nutcracker
Midland Audition Form

Student Name: _____ Female _____ Male _____

Date of Birth: _____ Age: _____ Height: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name: _____

Contact Number 1: _____ Contact Number 2: _____

Parent/Guardian Email _____

*ALL communication will be sent to this email address

I understand that if cast, my child will be required to attend ALL scheduled rehearsals and performances for their role.

Signature: _____ **Date:** _____