



ONE-DAY AUDITION WORKSHOP REGISTRATION FORM

(Workshop Date: Thursday, January 26, 2006 – 7:30pm – Majestic Theatre)

Name _____ Phone _____

Address _____ Emergency Phone _____

City _____ State _____ Zip _____ Email _____

Date of Birth _____ Parent or Guardian Name (if under 18) _____

Have you ever auditioned for a show? Yes No

Theatre Experience (*provide a brief description of any previous theatre experience you might have*):

Please describe what you hope to accomplish from this workshop:

I hereby release, indemnify, and hold harmless Corvallis Community Theatre for any claim of damage arising out of personal injury, including but not limited to aggravation of a prior existing injury which (I/my child) may suffer during (my/his/her) participation in Corvallis Community Theatre One-Day Workshop, January 24, 2006, regardless of its cause.

Signature _____ Date _____
(Signature of Parent or Guardian if under 18)

PLEASE PRINT AND BRING THIS REGISTRATION FORM WITH YOU TO THE WORKSHOP