

Student's Name:		Age:	Grade & School: (Fall 2016)			
Address		Ci	City:		Zip:	
Height:		Haiı	Hair Color:			
Home Phone: Parent/Gua		ardian C	dian Cell Phone: Stud		udent's Cell Phone:	
Parent/Guardian E-mail: (Please Print)		Stuc	Student E-mail: (Please Print)			
Instagram:	Instagram: Twitter:		Facebook:		Snapchat:	
Have you evener studied SINGING Circle one: YES NO	Voice Teacher(s) / Studio(s) / Program(s) Name: How long?					
Have you evener studied ACTING? Circle one: YES NO	Acting Teacher(s) / Studio(s) / Program(s) Name: How long?					
Have you evener studied DANCE? Circle one: YES NO	Dance Teacher(s) / Studio(s) / Program(s) Name: Circle Styles studied: BALLET JAZZ TAP HIP HOP MODERN OTHER					
How long? List your performance experience: (school shows, community & professional shows, church/temple, etc.)						
Resume / headshot: YES NO						
Special skills: (instruments, juggling, tumbling, ethnic dance, roller skating, skate boarding, etc.)						
In 20 words or less, why you would like to participate in a production with C-R Kids?						