



Student's Name:		Age:	Grade & School: (Fall 2016)	
Address		City:		Zip:
Height:		Hair Color:		
Home Phone:	Parent/Guardian Cell Phone:		Student's Cell Phone:	
Parent/Guardian E-mail: (Please Print)		Student E-mail: (Please Print)		
Instagram:	Twitter:	Facebook:	Snapchat:	
Have you ever studied SINGING? Circle one: YES NO	Voice Teacher(s) / Studio(s) / Program(s) Name: How long?			
Have you ever studied ACTING? Circle one: YES NO	Acting Teacher(s) / Studio(s) / Program(s) Name: How long?			
Have you ever 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.) <div style="text-align: right;">Resume / headshot: YES NO</div>				
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? 				