

ECB AUDITION FORM

PRODUCTION or PROGRAM Name			Audition Date	
STUDENT'S Name				
(Last)		(First) (M.I.)		
STUDENT'S Birth Date	STUDENT'S Age	STUDENT'S Prono	ouns	
Parents or Guardians' Nam	te (For students under 18 years of	age only.)		
(Parent #1's Full Name or Guardian #1's Full Name)		(Parent #2's Full Name or Guardian #2's Full Name)		
Address				
(Street)	(City)	(State)	(Zip Code)	
Phone (home):	Phone (cell):	Birth Date	Age	
performance fee payments are nor I give permission for ECB to take at child or me. I understand and agre activities, and that I will not hold E or illness contracted while I/my ch claims, demands, or causes of actio	nd publish photos and/or videos of se that there is a possibility of injury CB, or any ECB faculty member, em	e fees for late tuition payments my child/myself and to use so in participating in dance clas ployee, board member or gues t, release and indemnify ECB so or injury to the student, par	s and the service charge for bad checks. ach photos/videos with no fee to my ses, rehearsals, performances or related st artist liable for any injury sustained and its agents from any and all liability	
			_	
Signature of Legal Guardian or S	Student if over 18	Date		
	FOR OFFIC	EE USE ONLY		
Audition #:	Notes:			
Wardrobe:				