

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' Name	! (For students under 18 years of a	ge 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	
give permission for ECB to take and por me. I understand and agree that the	refundable. I agree to pay the late for publish photos and/or videos of mere is a possibility of injury in par B, or any ECB faculty member, empen/is a student of ECB. I exempt, rewhatsoever from any damage, loss	ees for late tuition payments a y child/myself and to use such ticipating in dance classes, rel loyee, board member or guest lease and indemnify ECB and s or injury to the student, pare	and the service charge for bad checks. In photos/videos with no fee to my chil hearsals, performances or related that artist liable for any injury sustained of its agents from any and all liability	
Signature of Legal Guardian or St	udent if over 18	 Date	_	
	FOR OFFIC	E USE ONLY		
Audition #:	Notes:			
Placement decision:				
Wardrobe:				