



Alice in Wonderland Auditions 2018

Please print CLEARLY so there is no delay in contacting you. Thank you!

Dancer's Name:	
Dancer's Age: _____	Male/Female _____
Name of Parent/Guardian (if under age 18):	
Email Address Parent: _____	
Email Address Dancer: _____	
Mailing Address:	
City, Province:	Postal Code:
Phone Number:	Cell Number:
Date of Birth (y/m/d):	Health Concerns:
Approximate Height (ft/in):	
Current Dance School, if applicable:	
Parent's Signature:	Date:
Previous Kittiwake performance experience, if applicable (latest 3):	
Role(s)	Year(s)
Kittiwake would like to keep you informed of upcoming events; if you prefer not be contacted by email about such events, please check here _____	

*Note: Photos and information are collected for use by Kittiwake Dance Theatre only, and will not be disclosed to anyone outside of Kittiwake.
Information submitted to us is only available to Kittiwake staff for the purpose of communicating information to you regarding Kittiwake activities.*

For Office Use:

Audition Date: _____

Name: _____

Audition/Picture #: _____

Audition Fee: Cash Cheque Receipt #: _____

Comments: _____

Role(s):
