

LITTLE SHOP Audition Form

PLEASE WRITE NEATLY

#

Name: _____

GRADE: _____ Age: _____ Height: _____

Phone: _____ Email: _____

Parent Contact Information:

Name: _____ Phone: _____ Email: _____

Please detail any and all scheduling conflicts/commitments from June 24th – August 1st. This should include sports, lessons, birthdays, vacations, etc.

What role(s) are you interested in: _____

Please describe your musical theater (singing, dancing, acting) experience:

Please describe any dance technique, tricks, gymnastics you are capable of (splits, cartwheels, ballet, tap, jazz, etc.)

What else would you like the director to know? _____

DIRECTORS COMMENTS:

Singing:

Dancing:

Acting:

Possible Roles:

AHM SUMMER YOUTH THEATER 2019
CONTRACT SIGNATURE FORM

Dear Summer Youth Theater Participant,

Thank you for auditioning for this year's AHM Summer Youth Theater musical ***LITTLE SHOP OF HORRORS***. Most roles will be assigned during the first rehearsal at which time all summer theater participants will begin to receive music and acting parts. Please **read the attached contract agreement** and keep it for your records. Sign the form below and return it to AHM Youth Services by June 14th, along with the \$225 workshop fee. ***Your first rehearsal will be Tuesday, June 24th from 6:00-9:00 PM at RHAM auditorium.** Thanks for auditioning! I look forward to a great summer with you!

Sincerely,
Kyle Reynolds, Director
AHM Summer Youth Theater

Parents and Guardians:

Please take the time to read the enclosed contract with your child. We ask that you sign form below to ensure that you have read it and understand the expectations for the summer. We also ask that you complete the registration form. If you know you will be away at any time during the rehearsal period, please indicate the dates in a note, but realize that extended absences are hard to schedule as this is not a camp, but a program geared towards theatrical production. This will allow for better planning. Please contact at AHM offices or send an email to ahmsyt@ahmyouth.org if you have any questions. Thank you for your support!

PLEASE PRINT AND SIGN NEATLY (demographic form)

I have read the enclosed AHM Summer Youth Theater Contract and will abide by all that is contained within it.

STUDENT NAME: _____

STUDENT SIGNATURE _____ PHONE _____

STUDENT EMAIL (neatly please) _____

PARENT EMAIL _____

I understand the conditions of the contract that my child has signed and give my permission and support for his/her participation in the AHM Summer Youth Theater program.

All registered participants give permission for pictures, videos and/or audiotape to be published in newspapers, programs, and the AHM Summer Youth Theatre Web-site/Facebook.

PARENT SIGNATURE _____ DATE _____

Please return with your \$225* registration fee by June 14th to:

AHM Summer Youth Theater
25 Pendleton Drive
Hebron, CT 06248
(860) 228-9488

No child is ever denied based on financial need. Scholarship forms can be obtained by calling AHM.

****If your child will miss any rehearsals that you are aware of, please send a note with this form.**

We want students to be able to participate and will attempt to be as flexible as possible.

AHM SUMMER YOUTH THEATER REGISTRATION FORM 2019

(Please fill out one registration for *each* child in your household that is participating in this program)

DATE: _____	Registration paid: Yes No Cash /Check # _____
Student Name: _____	Sex: Male _____ Female _____
Address: _____	
Town: _____ Zip Code _____	Ethnicity: _____
Phone#: _____	Family Size: _____
Date of Birth _____	Age: _____
School: _____	Grade: _____ (Grade entering in Fall 2019)

Please include ALL date and time conflicts you have from **June 24th through August 1st**.

How did your child find out about AHM Summer Youth Theater: (Check One)

Parent _____ School _____ Facebook _____ Newspaper _____ Other _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Parent(s) or Guardian(s): _____

Address: _____

Phone # _____

Work # _____

E- Mail Address: _____

Relationship: _____

CIRCLE ADULT TEE SHIRT SIZE - S M L XL

There is an annual fee of \$225.00 per child to participate in this program. No child is ever denied participation in an AHM program based upon financial conditions. To discuss financial assistance scholarships are available and can be obtained at AHM. **Note:** The questions listed above such as ethnicity are important to our funding partners, who want to make sure that AHM is meeting the needs of a diverse population of residents. Thank you.

AHM SUMMER YOUTH THEATER 2019