

Chautauqua Regional Youth Ballet
Nutcracker Auditions

(Please Print Clearly- especially email addresses / Please attach a **photo** for casting / ID purposes only)

Child's Name: _____

Legal Guardian Name: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Email: _____ Telephone: _____

Child's Age _____ Height _____ Grade in School _____ School _____

List Any Dance Experience & Training Below (use other side if necessary)

Anything else you would like us to know? _____

By signing below, I agree, on behalf of the child listed above, that I am their legal guardian and as legal guardian, I give permission for them to, and accept full the responsibility for their/our time here at this audition. Furthermore, I give consent for their to be used in any video, photograph or other media with regard the Nutcracker without monetary or other compensation.

_____ Date _____

Signature of Legal Guardian:

_____ Relationship to Child _____ Print

Name of Legal Guardian

DO NOT write in this space.
