



Pineapple Poll AUDITION REGISTRATION FORM 2020

Student Name _____
(Exactly as you would like it to appear in the program)

Age _____ Height _____ Leotard Size _____

Parent's or Legal Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Circle which phone you can be best contacted at.

Home Phone _____ Work _____ Mom/Dad (circle one)

Cell Phone _____ Mom/Dad (circle one)

E-mail: _____

Casting and rehearsal schedules will be relayed though email.

Please list all weekend conflicts between the date ranges of January 17th through March 29th, including Spring Break week conflicts.

List Student's Health Concerns, or Injuries: _____

MODEL RELEASE: I give permission to the Alaska Dance Theatre or anyone authorized by ADT to use reproductions of any photographs or group photographs taken of me and /or my child(ren) for any purpose. I hereby release and discharge Alaska Dance Theatre from any and all claims and demands arising out of or in connection with the use of photographs, including any and all claims for libel.

Initial: _____

We have reviewed the expectations of this project, and are prepared for the audition. I (My child) meet(s) the eligibility requirements and I am (My child is) prepared to follow through with the expectations as indicated, including ALL required rehearsals, should I (my child) receive a part in *Favorite Tales & Stories*.

Parent/Legal Guardian Signature
(If under 18 years old)

Date:

ADT • 550 EAST 33RD AVENUE, ANCHORAGE, ALASKA 99503 • 277-9591

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