

Musical Theatre Workshop is COMING TO TRITT 4th and 5th grade
Want to be in the School musical? Fill this out! Show dates October 27 & 28.

Office Use only:
Pd _____
Check # _____
Venmo _____

Student name: _____ Age: _____ M_ F_ Grade: _____

Teacher: _____

Parent/s _____ Home phone # _____ Work _____

Cell Ph1 #: _____ 2 # _____

Home Address: _____

My child usually goes home via Carpool _____ or ASP _____

Please provide accurate Email addresses and PRINT CLEARLY!

Email #1 _____ 2# _____

Emergency contact: _____ & their Phone #s _____

*Please list any allergy or health issues that we should know about on the back of this form.

“THINGS TO KNOW”--PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM:

- Tuition is \$260.00 and is NON REFUNDABLE after the first day of auditions. Cast Size is limited to 35 FOURTH AND FIFTH GRADERS and will fill up quickly.
- A PARENT MEETING (date TBA) will be held to receive script, CD and audition materials. Children and questions are welcome.
- In order to appropriately cast the show, we will meet with all cast members on one of 2 days (in groups) to determine their role in the show. We call this Preview Day/Auditions, although all children signed up are in the show. Preview Day/Audition dates are August 14 and August 16.
- Rehearsals are after school Tuesdays- 2:30-4:00pm & Thursdays- 2:30- 4:00.
- Children are expected to follow Cobb County guidelines and be on their best behavior. Should there be a continuing problem, the child will not be allowed to attend rehearsal without their parent present.

In order for us to know your child's level of interest & availability, please consider checking any that apply. We would also appreciate your listing previous performing or singing experience/training (if any) on the reverse side.

My child would like to be in the chorus _____ My child is interested in a speaking only role _____

My child is interested in singing with a small group _____ My child is interested in a solo _____

All Cast members receive a show t-shirt. Please indicate your child's size:

T-shirt size Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L ___

My child's image may be used in promotional material and/or on MTW website. Yes ___ No ___

I have read and understand all the above dates and “Things to Know”.

Parent Signature _____ **Date** _____

Return this application to MTW at 3546 Clubland Dr. Marietta GA 30068, or place in East Side's Foundation Box. **Payments can be made directly to @ Vicki-Chase on Venmo or by checks made out to MTW.**

Questions: Contact Vicki Chase at Vickichase@att.net