



# The Nightmare Before Christmas

## Audition Registration Form

Complete this form, scan and email to [belmontcenterperformingarts@gmail.com](mailto:belmontcenterperformingarts@gmail.com)  
Please return no later than August 21, 2019.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Previous Dance/Theater/Performance Experience \_\_\_\_\_

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Medical Issues (Please share any information that will help us meet your child's needs and ensure her/his safety.) \_\_\_\_\_

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