

Name _____



Audition Packet

You must submit the following forms from this packet, completed and signed BEFORE you may audition:

- | YTHC | PARENT | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Audition Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Rules, Regulations, and Guidelines Agreement (signed)
(last page of Contract) |
| <input type="checkbox"/> | <input type="checkbox"/> | Conflict Calendar indicating known absences.
(no signature required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Release Form (signed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Publicity Release and Liability Form (signed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Resume |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Insurance Card |