

California Musical Theatre Academy Application for Dance Audition Workshop Location: Sierra Two/Studio Two 2791 24th Street, Sacramento Ages: 9 to 13

Saturday March 3, 2018 4:00 p.m. to 6:00 p.m. Fee: \$50.00

For office use only:		
Account #:		
Payment:		
Amount:		
Date:In roster:		
E-Mail confirmation:		

Instructions: Please complete form and return with your fee to California Musical Theatre, Attn: Education Department, 1510 J Street, Suite 200, Sacramento, CA 95814. To pay by credit card, please call (916) 446-5880 ext. 147.

Name: DOB:

Address:	City :	Zip:
Day/Cell Phone:	Email:	
Parent's Name (if under 18):		
Emergency Contact Name:		
Emergency Phone Number:		
Please list any medical condition	ns/medications about which we should b	e aware:
	Dance Experience:	
Style	Studio	Years of Training
Release of Liability I, from any and all liabilities incurr	, hereby release California red while I or my child attend the progra	Musical Theatre and its instructors
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Authorization to Reproduce I,	, expressly grant to Californ	nia Musical Theatre and to its
employees and agents the right	to photograph, film or videotape me or fornia Musical Theatre and its activities.	
	rd and reproduce my or my child's voice or my child. I hereby certify and represer and effect thereof.	
articipant's or Parent's Signature (if under 18) Date		
Please note regarding pavm	ent: Make credit card payments by calli	ng (916) 446-5880, ext. 147. Make

Please note regarding payment: Make credit card payments by calling (916) 446-5880, ext. 147. Make cash payments in person. Make checks payable to California Musical Theatre. Return application (with payment info) by mail or e-mail as soon as possible to: California Musical Theatre, c/o Education Department, 1510 J Street, Suite 200, Sacramento, CA 95814. jlewis@calmt.com.