

THEGRAND • Rapunzel • Audition Registration Form

Please return completed registration form along with registration fee to:
Allyson Sands, The Grand, 818 N. Market Street, Wilmington, DE 19801

Parent(s) _____

Street address _____

City, State, ZIP _____

Phone: Home _____ Work _____ Cell _____

E-mail address _____

Child's name _____

Sex (M/F) _____ Date of Birth _____ Age _____ Entering grade _____

Child's name _____

Sex (M/F) _____ Date of Birth _____ Age _____ Entering grade _____

Child's name _____

Sex (M/F) _____ Date of Birth _____ Age _____ Entering grade _____

Registration Fee: \$10 per child.

_____ A check made payable to The Grand Opera House is enclosed.

_____ Please charge my credit card for \$_____.

Visa MasterCard American Express Discover

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Schedule: Approximately 50-60 roles are available. If selected, children may be asked to stay for rehearsal immediately following the audition until 2:30. Most children will rehearse daily from 10 AM to 2:30 PM. A complete schedule will be distributed after the audition. Children must be available for all rehearsals, as well as two public performances, Friday, July 28 at 1 PM and 7 PM.

Photo & Video Release: The Grand may use pictures and/or videos of students in electronic, print, or multimedia materials for promotional and/or informational purposes (e.g. brochures, newsletters, videos, website). Occasionally, we are also asked to provide pictures to news media, funders, or other outside parties. Personal identification will not be published on the internet.

I, _____, hereby give The Grand Opera House and their legal representatives and assigns, the right and permission to publish, without charge, any photographs and/or videos taken of me or my child(ren) while participating in auditions, rehearsals, and performances of *Rapunzel*.

Signature of Parent/Guardian

Date