

Child's
form



Child's Name: _____

School: _____ . Grade: _____

Parent's Name: _____

Address: _____

Parent's Phone(s) #: _____

Email Address: _____

COVID status: Have you been vaccinated? _____ Date(s): _____

Auditioning for: Michael Hobbs Children's Ensemble

Please list any and ALL conflicts (specific dates/days you can't rehearse):

If you are new to the Actors Guild and have previous theatrical experience, please list a few:

