



NOBT Dracula 2024 Audition Registration

Dancer's Name: _____ Age _____
Birthdate: ____ / ____ / ____

Dancers 18 and under: Parent/ Guardians Names: _____

Address: _____
City: _____ State: _____ Zip: _____

Phone Numbers: **Dancers under 18:** Parent and Guardian numbers only. For dancers old enough to drive themselves to rehearsal, their cell can be an alternate phone number.
Adults: Please indicate number(s) for best contact.
Primary Name: _____ Number: () _____
Alternate Name: _____ Number: () _____

Email for the responsible party. Please write clearly! Dancers under 18: Please list only the responsible adult who keeps the dancer's calendar of events. Casting results and rehearsal schedules will be sent by email.

Email: _____

Please initial the following:

_____ I understand that I am auditioning to be cast in NOBT's Production of *Dracule* as the directors of NOBT see fit.
_____ **I understand that I am not auditioning for a certain role.**
_____ I understand that not everyone who auditions will be accepted to perform.

Signed: _____ Date: _____
Parent/ Legal Guardian if Dancer is under 18

Do Not Write Below This Line

Director Comments: