COASTAL ACT PRODUCTIONS, INC.

MUSICAL THEATRE CAMP

Registration & Audition Information Form

PLEASE PRINT LEGIBLY - ESPECIALLY YOUR EMAIL ADDRESS!

Participant Name_____ Age_____ Grade_____ School_____ M ☐ F ☐

Parent/Guardian Name_____

Address_____City_____ Zip_____

Cell/Home Phone _____Text Y ☐ N ☐ Work Phone_____

We communicate by email. It is important that we have your email address and that we can READ it.

Email Address _____

Are you currently in another production? ☐YES ☐NO Please note that this may affect your ability to have a principal (speaking) role in this show.

Have you been in a CAP show before? ☐YES ☐NO

If no, please list relevant theatre experience you have previously had _____
_____

If you would like, you may indicate the principal role(s) you are most interested in. You may also put ensemble if that is your first preference._____

Please read and check the following indicating that you accept these terms:

IF NOT CAST AS A PRINCIPAL, I WILL BE IN THE ENSEMBLE AND EMBRACE MY ROLE WITH EXCITEMENT AND ENTHUSIASM. ☐

I WILL BE THERE EVERY DAY DURING THE 2 WEEKS OF MUSICAL THEATRE CAMP. ☐

I WILL BE RESPECTFUL OF EVERYONE AUDITIONING AND OF THOSE WHO ARE ULTIMATELY CAST IN PRINCIPAL ROLES. I WILL NOT JUDGE OTHER'S ABILITIES. I WILL NOT GOSSIP, ENGAGE IN NEGATIVE BEHAVIOR OR POST DERROGATORY COMMENTS ON SOCIAL MEDIA. I WILL NOT CRITICIZE CASTING DECISIONS ☐

☐My child will be picked up. I understand that my child must be picked up within 10 minutes of dismissal time, or I will be charged a fee.
☐My child will drive him or herself.

I acknowledge that I have read and understand all of the information presented here. If I fail to keep my commitments, I will be removed from musical theatre camp and no refund will be issued.

PARTICIPANT SIGNATURE_____PARENT SIGNATURE_____

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CAP Use Only:
Payment Received: _____ Cash☐ / Check☐ Tuition Rate: Basic $295☐Sibling Discount $250☐