



REGISTRATION FORM

Production: *Disney's Aladdin, JR (2017)*

Participant's Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

May we place your email on ArtsNashoba's Email List? YES / NO

Home Phone: _____ Cell Phone: _____

#1 Parent/Guardian Name: _____ Phone: _____

#2 Parent/Guardian Name: _____ Phone: _____

How will participant be getting to rehearsals? Parent Drop Off / Self-Driven / Other: _____

Grade: _____ School: _____ Town: _____

Please note previous stage experience, if any: *(If you have a resume prepared, please attach; or feel free to write on the back of this form)*

Have you had any previous training in the Arts *(i.e., vocal, acting, playing an instrument, etc.)* YES / NO

If so, please describe: _____

Do you read music? YES / NO

Do you have any physical limitations and/or allergies that should be noted? YES / NO

If so, please describe: _____

PARTICIPATION AGREEMENT: As a **PARTICIPANT**, I acknowledge that I am making a commitment to my fellow cast members and ArtsNashoba, and will thereby attend rehearsals, learn the necessary material, and follow this project through to the end to the best of my abilities. As a **PARENT/GUARDIAN** of a participant/s, I will ensure my child will stay committed to the program, helping ArtsNashoba to build good team and study practices, as well as reinforcing the importance of dedication and commitment. **WE HAVE read and understand this paragraph!!**

Participant Signature

Parent/Guardian Signature

Please complete this form & deliver it to ArtsNashoba, P.O. Box 716, Groton, MA 01450-9998; emailed scans are also acceptable.

For more information, please email info@artsnashoba.org or visit www.artsnashoba.org.