



AUDITION ENTRY FORM

ALL AUDITION FORMS MUST BE RECEIVED NO
LATER THAN August 7, 2017 AT 5:00PM

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ OPTIONAL PHONE: _____

EMAIL ADDRESS: _____

NAME OF ACT/GROUP: _____

TYPE OF PERFORMANCE

DANCE

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Modern/Contemporary | <input type="checkbox"/> Ballet | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Swing | <input type="checkbox"/> Ethnic | <input type="checkbox"/> Hip Hop/ Break |
| <input type="checkbox"/> Other: _____ | | |

MUSIC

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Instrumental | <input type="checkbox"/> Vocal/solo | <input type="checkbox"/> Vocal/Group |
| <input type="checkbox"/> Band | <input type="checkbox"/> Recital | |
| <input type="checkbox"/> Other: _____ | | |

VARIETY

- | | | |
|---------------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Magic | <input type="checkbox"/> Mime |
| <input type="checkbox"/> Acrobatic | <input type="checkbox"/> Juggling | |
| <input type="checkbox"/> Other: _____ | | |

BRIEF DESCRIPTION OF PERFORMANCE (Please use back of this sheet or additional sheet for more info):

PREFERRED AUDITION DATE

Monday August 21, 2017

Tuesday August 22, 2017

PREFERRED AUDITION TIME

5:00 – 6:00 pm

6:00 – 7:00 pm

7:00 – 8:00 pm

8:00 – 9:00 pm

9:00 – 10:00 pm

Other: _____

IF THIS IS A GROUP, PLEASE LIST NAME, AGE, EMAIL AND PHONE OF ALL MEMBERS OF THE GROUP:

I understand that I/my child must attend the dress rehearsals or will be eliminated from the program. I understand that because of time, a desire to have a variety of talents and groupings (individual, partners, small groups), and age ranges represented during the performance, not everyone who auditions will be chosen to participate. Contestants will acknowledge there are risks associated with this event, which include, but are not limited to personal injury, risk of loss or damage to personal property. Contestants voluntarily enter the Torrance Cultural Arts Foundation's program and in doing so assume all of these risks. Contestants upon entry of this contest and upon signing this form hereby agrees to waive and release the Torrance Cultural Arts Foundation and all its employees, board, directors, volunteers, sponsors, vendors as well as any of their affiliates and successors from any liabilities of any kind arising from this event. Contestant hereby swears that to the best of their knowledge they are physically and mentally fit to perform in this event.

I have read and agree to the above:

Print Name: _____ Date: _____

Signature: _____

I have read and agree to give permission for my child to audition and participate in the Torrance Cultural Arts Foundation's South Bay's Got Talent.

Parent's Name: _____ Date: _____

Signature: _____

Form may be mailed to:
Torrance Cultural Arts Foundation
P.O. Box 10416, Torrance, CA 90505
or emailed to: contest@torrancearts.org