



# AUDITION ENTRY FORM

ALL AUDITION FORMS MUST BE RECEIVED NO  
LATER THAN November 5th 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 December 6, 2021

Tuesday December 7, 2021

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: \_\_\_\_\_

UNABLE TO MAKE EITHER DATE BUT STILL WANT TO BE CONSIDERED?

You may send a video link to [contest@torrancearts.org](mailto:contest@torrancearts.org) to be reviewed by the preliminary judges. Deadline for video submissions would be August 6, 2018 at 5pm. Video MUST be of act being performed for the show if accepted.

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](mailto:contest@torrancearts.org)