Rocklin Community Theatre

Performance Group

Fall/Winter Session

CONTACT INFORMATION:	
Performer's Name	
Date of Birth / Grade	
Vocal Type	
Cell Phone	
Email Address	

Parent's Name(s)	
Home Phone	
Cell Phone(s)	
Email Address(es)	

In addition to above, list an alternate person to be contacted in case of an emergency:	
Contact Name(s)	
Phone Number(s)	

Food Allergies, Medical Conditions or anything else you think we should know about:

Previous acting / dance / vocal experience or training or include resume:	
Theatre	
Acting	
Dance	
Vocal	