

Apollo In The City

AUDITION REGISTRATION FORM

APPLICANT INFORMATION *(This form must be returned to Apollo In The City within 5 days)*

Applicant's Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Today's Date:		
Street Address		City	State	ZIP Code	Social Security	Birth Date	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Credit/Debit: Card #:_ Credit Card Mailing Address		Exp Date:			Email Address:			
How did you hear about Apollo In The City?								
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Flyer/Postcard	<input type="checkbox"/> Website	<input type="checkbox"/> Other				

Check your Audition City: San Francisco Santa Clara Oakland Sacramento

Background Information

Have you ever performed in front of a live audience?	___Yes ___No	What type of Act will you be presenting: ___Singing (Type: Gospel; R&B; Soul, Opera) _____ ___Comedian _____ ___Dancer _____ ___Musician (Type of Instrument) _____ ___Poetry/Spoken Word _____ ___Other, please explain: _____ _____ _____	List the names of the individuals that will perform as a part of your act: Self: _____ Name: _____ Name: _____ Name: _____ Additional participants beyond 4 people in your act will be charged an additional \$10.00 per person. Due at the time you submit your application.
Have you ever participated in a Talent Show?	___Yes ___No		

PARENTAL CONSENT (Ages 3- 17)

(MUST BE COMPLETED & SIGNED BY THE GUARDIAN OF APPLICANT)

Are you the legal guardian for the above applicant?	___Yes ___No	Are you consenting to the applicant's participation in "Apollo In The City's" Talent Show? ___Yes ___No	Are you aware that there is a \$35.00 Non-Refundable Registration Fee that is due with this application? ___Yes ___No
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Your signature indicates that you agree to your minor participating in "Apollo In The City" PARENT/GUARDIAN SIGNATURE: _____ Date: _____

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship	Home Phone No. ()	Work Phone No. ()

The above information is true to the best of my knowledge. I understand that this application and Non-Refundable Processing Fee in the amount of \$35.00 is to ensure that my information is processed. I understand that I may or may not be chosen to perform at Apollo In The City's first 13-week program, but that I may be asked to participate in the second 13-week program in 2004.

X _____ DATE

Signature of Applicant who will be auditioning for the Show

Make your Money Order or Cashier's Check Payable to:

Apollo In The City
1001 Bayhill Drive; 2nd Floor
San Bruno, California 94066