



YAZZY REGISTRATION FORM



You may bring this completed registration form to your audition or mail the form to: Theatre of the Performing Arts of Shreveport, 4005 Lakeshore Drive, Shreveport, LA 71109 or fax the form to (318) 525-0720. Please visit our Web site at: www.tpaarts.org for audition information, or call 525-0740 or 621-8914 for more information.

Participant's Name _____ Male Female

Age _____ Grade _____ School _____ Date of Birth _____

Address _____ City/ State _____ Zip Code _____

Participant's Email (optional) _____

Parent (s)/ Guardian: _____ Home Phone _____
Work Phone _____ Fax _____ Cell Phone _____
Email (optional) _____

Parent (s)/ Guardian: Please list any health conditions about your child that the Theatre of the Performing Arts should be aware of:

In case of emergency please notify:
Name _____ Relationship to Participant: _____
Address: _____ Phone #: _____

Has your child ever participated in a Theatre of the Performing Arts Programs? No _____ Yes _____

If yes, which program(s) or play(s) _____

In which areas did your child participate? (Mark all that apply)
Acting _____ Dancing _____ Singing _____ Instrumental music _____ Visual Arts _____
Photography _____ Poetry or Creative Writing _____ Lighting or Stage Production _____ Other _____

List any other past experiences, or skills, in visual and performing arts (Write on back of form, if necessary):

In this year's Theatre of the Performing Arts programs I would like to participate in the following: (Please select your 1st, 2nd, and 3rd choices by writing in the numbers 1, 2, and 3.)

Acting _____ Dance _____ Singing/ Choral Music _____ Instrumental Music _____ Visual Art _____
Photography _____ Poetry/ Creative Writing _____ Stage Production _____

My signature grants permission for my child to participate in Theatre of the Performing Arts of Shreveport cultural arts programs, including, but not limited to, auditions. I further authorize the use of my child's image or likeness in any form of printed, electronic, video, and audio materials in connection with Theatre of the Performing Arts of Shreveport programs.

Parent/ Guardian's signature _____ Date _____