

Art City Days Talent Festival Audition Application

Call Ginny Ackerson at **801-489-4994** to schedule your audition.

Please fill out this form and bring it to your audition.

NAME OF MUSICAL NUMBER: _____

COMPOSER: _____

PERFORMERS

One
Two
Three or more _____

TYPE

Vocal
Instrumental
Dance or martial arts

INSTRUMENTS

Piano
Violin
Guitar
Other _____

PARTICIPANTS:

NAME: _____

Address: _____

Email: _____

Phone: _____

Age: _____ Grade _____

NAME: _____

Address: _____

Email: _____

Phone: _____

Age: _____ Grade _____

NAME: _____

Address: _____

Email: _____

Phone: _____

Age: _____ Grade _____

NAME: _____

Address: _____

Email: _____

Phone: _____

Age: _____ Grade _____

NAME: _____

Address: _____

Email: _____

Phone: _____

Age: _____ Grade _____

NAME: _____

Address: _____

Email: _____

Phone: _____

Age: _____ Grade _____

Continue on the back if there are more than 6 performers.