



**AUDITION REGISTRATION FORM 2019-20**

CODE: CDP

200 Crichton Street  
Ottawa, Ontario K1M 1W2  
613-238-7838  
Fax 613-238-7839

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Prov

Postal Code

Home Telephone: \_\_\_\_\_

Cell phone : \_\_\_\_\_

Email address: \_\_\_\_\_

Signature : \_\_\_\_\_

(Guardian signature if under 18 years old)

Date: \_\_\_\_\_

**Select Audition Date:** Sunday, March 31, 2019

Monday, August 19, 2019

**Check list:** Resumé

2 Letters of Recommendation

High School Diploma and Transcript

Birth Certificate

Photograph

Medical Information:

\$50 Audition Fee

(cheque, debit, MasterCard or VISA)

MasterCard/VISA #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_