



AUDITION REGISTRATION FORM 2017-18

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, April 2, 2017

Monday, August 21, 2017

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: _____