

**AUDITION REGISTRATION FORM 2020-21**

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: \_\_\_\_\_

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**Select Audition Date:** Sunday, April 5, 2020   
Monday, August 17, 2020

**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: \_\_\_\_\_