

**INTERNATIONAL TOUR | CHINA 2014-2015**

**CHILDREN’S AUDITIONS ~ REGISTRATION FORM**

***Please provide us with all the information required (BLOCK CAPITALS PLEASE)***

**NAME**……………………………………………………………………….

**AGE**…………………………………………………………………………..

**DATE OF BIRTH**…………………………………………………………

**HEIGHT (metric).**…………………………………………………….

**ROLE APPLYLING FOR**……………………………………………….

**SCHOOL**…………………………………………………………………….

**PARENT OR GUARDIAN’S NAME**……………………………………………………………..

**PARENT’S CONTACT NUMBER** (Home)…………………………………………………….

(mobile)……………………………………………………

**CONTACT E-MAIL.**…………………………………………………………………

**HOME ADDRESS**…………………………………………………………………..

………………………………………………………………………………………………

I allow my child to be photographed and / or filmed during the production of *The Sound of Music* for

all publicity and marketing purposes (*parent to sign here*}………………………………………………………

PLEASE RETURN THE COMPLETED REGISTRATION FORM TO:

WENCONG CHEN, Casting Administrator

[casting.thesoundofmusic@gmail.com](mailto:casting.thesoundofmusic@gmail.com)