

THE RIDGE FACTOR



AUDITION REGISTRATION FORM

Auditions will be held by appointment on January 31st from 1-6pm in room 624

Name: _____

Talent Act Title: _____

Single: _____ Group: _____ (Please check one)

If Group Act, list names of others performing:

Approximate length of Act: _____

Equipment Needed (If Any):

Access to Electrical outlet required? Y____ N____

Preferred Tryout Timeslot: (1-6pm) _____

RETURN COMPLETED REGISTRATION FORM TO **MRS. CLARK** or **MRS. ERICKSON** BY JANUARY 30th

Email address: _____