



YAZZY REGISTRATION FORM

You may bring this completed registration form to your audition or mail the form to: Theatre of the Performing Arts of Shreveport, 4005 Lakeshore Drive, Shreveport, LA 71109 or fax it to 318-621-8914. Please visit our Web site at: www.tpaarts.org for audition information, or call 525-0740 or 621-8914 for more information.

Name _____ Age _____ Male Female

Grade _____ School _____ Date of Birth _____

Address _____ City/ State _____ Zip Code _____

Home Phone _____ Email (optional) _____

Mother's name: _____ (Please print) Father's name: _____ (Please print)

Mother's work phone: _____ Father's work phone: _____

Mother's cell phone: _____ Father's Cell Phone: _____

Email (optional): _____ Email (optional): _____

Please list any health conditions or concerns about your child that the Theatre of the Performing Arts should be aware of: _____

In case of emergency please notify: Name _____ Relationship to Participant: _____

Address: _____ Phone #: _____

Has your child ever participated in a Theatre of the Performing Arts' Yazzy program? No _____ Yes _____

List any other past experiences, or skills, in visual and performing arts (Write on back of form, if necessary): _____

Mark your child's 1st and 2nd choice of classes to participate in.

___ Theater ___ Dance ___ Voice ___ Instrumental Music (only) ___ Visual Arts

My signature grants permission for my child to participate in Theatre of the Performing Arts of Shreveport cultural arts programs, including, but not limited to, auditions. I further authorize the use of my child's image or likeness in any form of printed, electronic, video, and audio materials in connection with Theatre of the Performing Arts of Shreveport programs.

Parent/ Guardian's Signature _____ Date _____