



Theatre of the Performing Arts of Shreveport

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 the form to (318) 525-0720. Please visit our Web site at: www.tpaarts.org for audition information, or call 525-0740 or 621-8914 for more information.

Name _____ Male Female
Age ____ Grade ____ School _____ Date of Birth _____
Address _____ City/ State _____ Zip Code _____
Home Phone _____ Email (optional) _____

Mother's name: _____ Father's name: _____
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 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 Programs? No ____ Yes ____

If yes, which production(s) _____

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

My child would like to participate in the following classes:

(Please select your 1st and 2nd choice by writing in the numbers 1 & 2)

___ Acting ___ Dance ___ Singing/ Choral Music ___ Instrumental Music ___ Visual Art
___ Photography ___ Poetry/ Creative Writing ___ Stage Production

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 _____