



**GRETNA THEATRE**

80th Anniversary Season 1927-2007

## **GRETNA GALA IDOL COMPETITION AUDITION REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Info: \_\_\_\_\_

Other Emergency Contact? \_\_\_\_\_

Title of your Audition Piece: \_\_\_\_\_

School you will attend in the Fall: \_\_\_\_\_

Tell us an interesting bit of information about you, your hobbies, your family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Auditor's Use Only:

Comments:

PLACEMENT: