

YOUTH AUDITION FORM

2025 SEASON



Performer's Name

First..... Last.....

Date of Birth..... Height..... *(Feet and inches)*

Parent or Guardian's Name

First..... Last.....

Parent or Guardian's Email.....

Performer's Email.....

Performer's Mobile Phone (if applicable).....

Home Phone Number.....

Parent or Guardian's Mobile Phone.....

Address

Street Address.....

City..... Province..... Postal Code.....

Are you a member of a professional association?

Canadian Actors' Equity Association..... ACTRA..... OTHER.....

Image Release Waiver

As the legal parent or guardian, I agree to allow and give permission to Drayton Entertainment to use any photos or video footage of my child/children (rehearsals or performances) for the promotional use and purposes, should Drayton Entertainment choose to do so in regards to the advertising of Drayton Entertainment.

I consent to the Image Release Waiver