



## Artists

Artist's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent e-mail: (Please print clearly) \_\_\_\_\_

Artist e-mail: (If different) \_\_\_\_\_

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

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

Best Phone #: \_\_\_\_\_ Can this # Receive Texts? ☐ Yes ☐ No

Alternate Phone #: \_\_\_\_\_ Can this # Receive Texts? ☐ Yes ☐ No

Artist's cell phone: \_\_\_\_\_ Can this # Receive Texts? ☐ Yes ☐ No

Disability/Special Needs: (Please include any allergies or medical situations that the staff should be aware of) \_\_\_\_\_

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☐ Male ☐ Female Height: \_\_\_\_\_ Current Hair Color: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Or Graduated from: \_\_\_\_\_

If employed, where: \_\_\_\_\_

T-Shirt Size in **Adult Sizes**: ☐ Small ☐ Medium ☐ Lg. ☐ X Lg.

How (or from whom) did you hear about this show?

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If possible, which Mentor you would prefer to be paired with?

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Please list upcoming conflicts you may have.

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