



**Please complete this application and return it with a \$10 audition fee made payable to: The Count Basie Theatre, 99 Monmouth Street, Red Bank NJ 07701. You will be notified of your child's audition results.**

Student Name \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact (other than the above): \_\_\_\_\_

Emergency Contact Number : \_\_\_\_\_

Does your child have any special needs or medical conditions that we should be aware of? Please include allergies, learning disabilities, physical limitations, etc.

\_\_\_\_\_

**Additional Student Information**

Instrument(s) studying: \_\_\_\_\_ How long?: \_\_\_\_\_

Other instrument studying: \_\_\_\_\_

Do you sing?: \_\_\_\_\_ Do you sing harmony?: \_\_\_\_\_

Are you currently studying with an instructor or music school?: \_\_\_\_\_

Name of instructor or music school: \_\_\_\_\_

Have you ever performed with a band?: \_\_\_\_\_

If yes, where?: \_\_\_\_\_

Preferred style of music: \_\_\_\_\_

Favorite Bands you would like to perform:

\_\_\_\_\_

Favorite Songs you are able to perform upon request at auditions:

\_\_\_\_\_

How did you hear about Rockit?:

\_\_\_\_\_

I give my permission for my child to participate in the Rockit Performing Arts Academy Sessions. I also give my permission to the Count Basie Theatre and Rockit to use in publicity of any kind, photographs, audio or video tapes in which my child appears. The staff has my permission to seek emergency medical attention for my child in the event of an emergency if my emergency contact person or I cannot be reached. There are no refunds after the start of class.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_