



# OFF-BROADWAY MUSICAL THEATRE PARENT CONTACT FORM

(REQUIRED when Participant is 16 or under)

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

FIRST PARENT Name: \_\_\_\_\_

Phone # \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Phone # \_\_\_\_\_

SECOND PARENT Name: \_\_\_\_\_

Phone # \_\_\_\_\_

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

If different than FIRST PARENT:

Street: \_\_\_\_\_

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

Do you have interest in being involved in any technical crews?:

Set Construction/Painting  Run Crew  Lights  Sound  Props  Costumes  Front of House  Concessions

**VERY IMPORTANT:** List **ALL ADDITIONAL PARTICIPANT** schedule conflicts weeknights 6:00 – 9:30 pm during rehearsal period and 7:00 – 10:30 pm during show run that may not be listed on PARTICIPANT'S AUDITION FORM:

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