

Kids in Concert



Presented by



Kids in Concert 2010 Audition Application

GROUP INFORMATION:

Name of School: _____

Address: _____

City, St, Zip: _____

School Principal: _____ School District: _____

Phone Number: _____ Email: _____

District Superintendent: _____

Address: _____

City St, Zip: _____

Phone Number: _____ E-Mail: _____

Name of Group: _____

Name of Performance Piece: _____

Performance Genre: _____ Performance Piece: _____

Total Number of Students in Performance: _____ Decade You Wish to be Assigned _____

PRIMARY CONTACT INFORMATION:

Name: _____

Title: _____

Address: _____

City, St, Zip: _____

Day Time Number: _____ Mobile Phone Number: _____

E-mail Address: _____