2019/2020 SEASON

CONTACT INFORMATION FOR SHOW COORDINATOR

PERFORMER NAME (PF	RINT CLEARLY)		ntact information and a		_	
PARENT/GUARDIAN NA	AME					
EMAIL ADDRESS (PRIN						
HOME ADDRESS		CITY/STATE/ZIP				
CELL #		WHOS	E #			
CELL#	SE #					
HOME NUMBER						
of a headshot and if or Did the performer part Shows? YES NO Has the performer part If applicable, what was WHAT IS YOUR T-SHIRT for \$15) YS YM YL Unisex AS Unisex ALLERGIES	icipate in the Summ cicipated in a dance, the last show your 	ner Performing Arts I acting or voice class performer has partic DRMER (ages 6-19) F Woman's AM	s at MTA since Augus cipated in at MTA?	t of 2019?	YES NO ay purchase a	
Completed by MT Payment method ple check	ase check appropeck #	_ _ Extra T-shirt \$				