

**Parental/Legal Guardian Consent Form**  
**Minors applying for auditions at Corning Opera House**

Please complete this form and return to the Corning Opera House at Auditions! **This information will be used in the program actor's biography.** **\*Required Information**

**\*THE PARENT/GUARDIAN check primary contact**

Mother Name:.....

Father Name .....

\*Street:.....City:.....zip.....

\*Cell number:.....

\*E-mail address:.....

\*Name & Phone Number Emergency Contact .....

**\*FIRST CHILD**

\*First & Last Name:.....

\*Age:.....\*Grade in school in fall:.....\*School.....

**Please list any food allergies:** .....

\*Previous Acting/Music Experience.....

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**SECOND CHILD**

Full Name and Surname:.....

Age:.....Grade in school in fall:.....School.....

**Please list any food allergies:** .....

Previous Acting/Music Experience.....

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*Use another sheet of paper for additional children*



