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NUMBER:

## StarStruck Players Registration Form



### Information:

Performer Name \_\_\_\_\_ Male/Female (Circle)

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's cell \_\_\_\_\_ Performer Cell \_\_\_\_\_

Most Frequently checked Email:

\_\_\_\_\_

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

Performer's School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Please list your most recent performing experience below (school, dance, church, community theatre)

Date	Show Name	Role	Theatre Company

Can you read music? YES  No  Have you participated in a StarStruck MainStage show? Yes  No

Any Other talents (for example, do you do any gymnastics, circus work?) \_\_\_\_\_

Will you have any conflicts during Show rehearsals? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Who will be responsible for paying tuition? \_\_\_\_\_

Please send this form to: StarStruck Theatre 43575 Mission Blvd. #616 Fremont, CA 94539

Do not send money at this time. You will be notified by April 2<sup>nd</sup> if your child is accepted into program.