

CPOS Children's Summer Workshop

2023

Student's Name _____

Grade Going into for 2023-24 School Year _____

T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult Med Adult L Adult XL

Skin Tone (circle one) Fair/Olive Fair Medium Dark/Dark

Address _____

Parents/Guardians Names & Phone Numbers

1) _____

2) _____

Dietary Restrictions (for snacks) _____

Medical Info Staff Should Know _____

Student's Previous Theater Experience (acting, singing, dancing, stage crew, make up, tech, etc.)

Please Rate the Following 1 = I totally want to do this! 2 = I am willing to try. 3 = Do I have to?

___ Sing with entire company ___ Sing with a couple people ___ Sing a solo

___ Act with a few lines ___ Act in a supporting role ___ Act in a Leading Role

___ Dance with entire company ___ Dance feature ___ Dance captain