



DALHOUSIE UNIVERSITY

Fountain School of
Performing Arts

AUDITION PREPARATION DAY 2019: INTENT TO PARTICIPATE

Participant's Name: _____

Email Address: _____

Address: _____

Phone (Cell): _____ Phone (Home): _____

Name _____ Phone: _____

Email: _____

(Acting, voice or instrumental): / area of interest: _____

School Name: _____

ALLERGIES/FOOD
RESTRICTIONS _____

MEDICATIONS: _____

STUDENT / PARENT SIGNATURE:

(Parent's signature if student is under 18 years of age)

If student is under 18 years of age:

Parent or Guardian: _____ Phone: _____

Email: _____

Will your music instructor or parent / guardian be attending with you? _____

If YES – Please list their names: _____

Please email form to: Jessica Mailhiot: jmailhio@dal.ca, 902.494.8517

FOUNTAIN SCHOOL OF PERFORMING ARTS

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