

FOR OFFICE USE ONLY:



**Fayetteville Has Talent
Audition Registration Form
Cape Fear Regional Theatre**

NUMBER

Name: _____

Solo Act

Group Act – Name of Group _____

Member Names: _____

Contact Person (if different from above): _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____ **Age:** _____

I will be (singing, dancing, juggling, etc.): _____

Title of Song (if applicable): _____

I will need (Piano, CD player, Electrical): _____

Previous Entertainment Experience (please list most recent first, include competitions, shows, etc.):

Do you wish to be considered for a role in the 2010-11 CFRT Season? **Yes** **No**

Would you like to be a CFRT Volunteer? **Yes** **No**

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Box Office **Sound** **Lights** **Backstage Crew** **Admin** **Usher** **Costumes**