PEAK VISION NAIVITY 2025

Participant Information Form:

Name:_____ Age:_____

Address:_____

_____

Ph:_____ Gender: Female ☐ Male ☐

Email:_____

Parents Name (under 18yr):_____

Parents Ph (under 18yr):_____

Sing: Yes ☐ No ☐ If yes, vocal range:_____

Dance: Yes ☐ No ☐ If yes, type(s):_____

Would you like to audition for a lead acting role: Yes ☐ No ☐

Acting Experience (okay if none):_____

_____

Talent/Skills (everyone has at least one):_____

_____

_____

Can you contribute in other ways? (sew, paint, makeup, set building, play instrument, stagehand, baking, prop making, op shopping etc.) _____

_____

_____

Unavailability Schedule (between September to early December): _____

_____

_____