

"BREVARD'S GOT MUSIC TALENT"

2017-18

AUDITION APPLICATION FORM

Applicant Name _____ D.O.B. _____

Home Address _____

City & Zip Code _____

Phone Number _____ Other Phone # _____

E-mail (print clearly) _____

Music Genre: (instrument, voice, etc.) _____

Music background: (Please attach a brief bio, three or four sentences, as it might be seen on a theater program: Years in music, background, teacher, school, future ambitions, etc.)

Applicant over age 18: If chosen as a finalist/performer, I consent for The Creative Arts Foundation of Brevard, Inc. to electronically record the events and to use any recordings of me for any future CAFOB promotional or fund-raising purposes. I would also like opportunities to perform in other music shows, if possible. Yes ____ No ____

Applicant signature (if over 18): _____ Date: _____

Parent/Guardian (if applicant is under 18): As Parent/Guardian, I consent for my child to participate in the "Brevard's Got Music Talent" competition. If my child is chosen as a finalist in the competition on April 8, 2018, I (name) _____ hereby consent for The Creative Arts Foundation of Brevard Inc. to electronically record the event and to use any such recordings for future promotional or fund-raising purposes.

I would ____ would not ____ like for my child to perform in other scheduled performance venues, if possible. (check one)

Signature: _____ DATE: _____
(Signature of parent/guardian)

Send completed form and check for \$15 audition fee to:
CAFOD, P.O. Box 410324, Melbourne, FL, 32941

Questions: Call 321-254-3398

Visit web site: www.CAFOD.org