TENNESSEE THEATRE ASSOCIATION
SECONDARY SCHOOL SCHOLARSHIP AUDITIONS

STUDENT AUDITIONEE REGISTRATION FORM

Name: _____
Last First Middle

Permanent Address: _____

_____
City State Zip

Home Phone: _____

School Phone: _____

School with which you are affiliated:

_____

☐ Senior ☐ Junior

Auditionee Signature: _____

Instructor Name (print): _____

Instructor Signature: _____

Audition Fee: $5.00

Make all checks payable to: THE TENNESSEE THEATRE ASSOCIATION