## **Achievement Auditions Enrollment Forms**

Please <u>fill out each sheet according to each student's first choice for day and time</u>. If possible please give a second choice in the appropriate column. Mark students who are siblings with a bracket in the left hand margin.

- \* Attach this page to your enrollment forms.
- \* Please make additional copies of appropriate page as needed. You do not need to include pages that have no entries.
- \* If a student must perform during a certain time period please specify.

Teacher's Name: _		
	Saturday A.M.	
	Jaturuay A.ivi.	

Student Name		2 <sup>nd</sup> Choice Day/Time	Performance Minutes	Trophy 3, 6, 9, or	Assigned Day/Time & Room (Do not fill out)
Last	First			12 yr	( ) )

Teacher's Name:		
	Saturday Early	y P.M.

Student Name		2 <sup>nd</sup> Choice Day/Time	Performance Minutes	Trophy 3, 6, 9, or	Assigned Day/Time & Room (Do not fill out)
Last	First			12 yr	

Teacher's Name:		

## Saturday Late P.M.

Student Name		2 <sup>nd</sup> Choice Day/Time	Performance Minutes	Trophy 3, 6, 9, or	Assigned Day/Time & Room (Do not fill out)
Last	First			12 yr	