

**Elementary AUDITION FORM**  
**DEADLINE: Friday, September 11, 2009**

Please copy this form and submit a separate form with every audition tape you send. Place name and school on each tape or CD

The entry fee is \$7.00 per student. Please make checks payable to LA ACDA.  
**ONE CHECK PER SCHOOL, PLEASE!**

**STUDENT  
INFORMATION**

Please print or type.

Name\_\_\_\_\_

Grade in School\_\_\_\_\_

(must be 4th, 5th or 6th)

School or Organization Name\_\_\_\_\_

\_\_\_\_\_

School or Organization Address

City

Zip Code

**DIRECTOR INFORMATION:**

(Must be a current member of ACDA. **You must include** a photocopy of current membership card.)

Name\_\_\_\_\_

Home Address\_\_\_\_\_ City \_\_\_\_\_

Zip Code\_\_\_\_\_

Home Phone (include area code)\_\_\_\_\_

Work Address (if different from above)\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Work Phone (include Area Code)\_\_\_\_\_

Fax Number (include Area Code)\_\_\_\_\_

\_\_\_\_\_(**must** include email and/or fax; email is strongly preferred.)

E-mail address