

Chickasaw Summer Arts Academy – 2009 Application

**If student is under age 18, please complete the following:**

**I would like to have my student(s) audition for the Chickasaw Summer Arts Academy.**

| Please print: | Student's Name | Age   | Arts Interest |
|---------------|----------------|-------|---------------|
| _____         | _____          | _____ | _____         |
| _____         | _____          | _____ | _____         |
| _____         | _____          | _____ | _____         |

**I am interested in auditions on:**  **Saturday, April 4 in Edmond**  **Saturday, May 2 in Ada**

Parent/Guardian's name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_