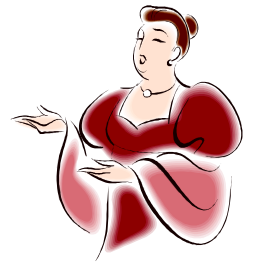




# Spring Sing



## Audition Registration Form

Please print neatly and fill in answers for all questions.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

(You must be at least 16 years-old on 2/2/2009)

How did you hear about Spring Sing? TV  Radio  Newspaper Ad  Article  Other

You will be called to set up your 5 minute audition time upon receipt of your registration form and fee. Times are first come - first served based on availability, but please supply the following to aid us in the process:

**What is your preference of Audition Day? What is your preference of Audition Time?**  
Saturday                      Sunday                      Morning      Afternoon      Evening

Is there a date you can not attend due to a prior obligation? List date & obligation below:

I attest that the information I have supplied above is true and complete to the best of my knowledge. I further attest that I am a citizen or national of the United States of at least 16 years of age (by 2/2/09) and will provide proof thereof at the time of my audition. I have read the "Spring Sing 2009- Contestant Rules" ([www.welshmountain.com](http://www.welshmountain.com)) and hereby confirm that I understand them in their entirety, and further understand that any violation of said rules may lead to my immediate disqualification from the competition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if under 18) \_\_\_\_\_

**There is a non-refundable \$10.00 processing fee that is due with this form.**

Please make checks payable to "Welsh Mountain Medical & Dental Center" or you can pay on-line with a credit card at [www.welshmountain.com](http://www.welshmountain.com) by going to "Donation," and then click on the Make a Donation button

Your audition will not be scheduled until your \$10 fee has been received by WMMDC. If you have returned this form to WMMDC and have not received a call within 2 weeks, contact us at 354-4711 ext.136.



Welsh Mountain Medical & Dental Center  
584 Springville Road  
New Holland, PA 17557  
Fax # 717-354-0284