



584 Springville Road
New Holland, PA 17557
717-354-4711
www.WelshMountain.com

Audition Registration Form

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____
(You must be at least 16 years old on February 22, 2012)

How did you hear about Spring Sing? Website Facebook Advertisement
Poster Word-of-Mouth Other

You will be called to set up your 5 minute audition time upon receipt of your registration form and \$25.00 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 and time?

- Wednesday, February 22, 2012 4:00pm - 8:00pm Time: _____
 Saturday, February 25, 2012 10:00am - 2:00pm Time: _____

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 February 22, 2012 and will provide proof thereof at the time of my audition. I have read the "Spring Sing 2012 – Contestant Rules" (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) _____

A non-refundable \$25.00 entry fee is due with this form.
Please make checks payable to "Welsh Mountain Health Centers"
or you can pay on-line with a credit card at www.welshmountain.com

Your audition will not be scheduled until your \$25 fee has been received by Welsh Mountain Health Centers. If you return this form and do not receive a call within 2 weeks, contact us at 717-354-4711 ext. 116.