

*The Performing Arts Consortium
PO Box 22507
Hilton Head Island, SC 29925*

Application Form

Please type or print clearly. Mail to the above address.

Name: _____ M: ____ F: ____

Phone: () _____ - _____ Cell Phone: () _____ - _____

Email: _____

Current Address: _____

Permanent Address: _____

Birth Date: ____/____/_____

Place of Birth (City, State, Country): _____

Passport No. and Issuing Country: _____

Citizenship: _____ Social Security No. ____ - ____ - _____

Performance Instrument: _____

Current or most recent school (if applicable): _____

Music Teacher's Name: _____

Should you receive assistance, we request that you allow us the choice to use your photo and name on our brochure and website.

Agree _____ Disagree _____

Please include a one-page biography, one or more letters of reference, a photograph, an audition CD, published reviews, any other credentials and information of interest.

Signature: _____ Date: ____/____/_____

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