

Order No. _____

2020 Iowa Cubs National Anthem Auditions

Must fill out form completely to be considered

Name (Group, If applicable): _____

Contact Person: _____ # of Singers/Group Size: _____

Primary Phone #: _____

Primary Email: _____

****Those selected will be emailed a list of potential dates to choose from**

Mailing Address: _____

Singing background and/or notable performances: _____

Preferred Performance Dates (Circle ALL that apply): **ANY**

WEEKENDS (SAT/SUN) WEEKNIGHTS (MON-FRI) WEEKDAYS (MON-FRI)

APR MAY JUNE JULY AUG SEPT

Scheduling Restrictions or Special Requests: _____

OFFICE USE ONLY

Try Out Date: _____ Audition Length: _____

Rating: 1 2 3 4 5

Notes: _____