

[Attach your current photo here]



and THE READING PUBLIC SCHOOLS announce auditions for

THE FIVE STAR THEATRE SUMMER PROGRAM 2026

Please bring this completed form to auditions on February 10th,

Enrollment Form

Name _____

[as it will appear in our show program]

Parents' names _____

Street Address _____

City/Town _____ Zip Code _____

Telephone (_____) _____ Cell Phone _____

E-mail address (please print) _____

Date of Birth _____ Current Age _____

Age (from June 29- July 25) _____ Height _____ Current grade in school _____

Years of Five Star participation: _____

School you currently attend: _____

I have read and understand all requirements for auditioning: _____
[Parent/Guardian Signature]

DON'T FORGET TO ATTACH YOUR RESUMÉ