

**Missoula Children's Theatre  
THE JUNGLE BOOK**

**Important Dates & Times**

- Auditions**            **Monday, March 12 4-6**            **NO experience required!!**  
**Ridgefield High School Commons**
- Rehearsals**            **Monday, March 12, 6-8:30 (partial cast)**  
**March 13 – 16, 4-6 and/or 6:30 – 8:30PM**  
**Not all cast members will stay for both rehearsal sessions.**  
**Younger kids participate in the early session.**
- Performances**        **Saturday, March 17, 2:30 & 5 PM**  
**Entire cast will hold dress rehearsal prior to first performance.**

**All cast members are expected to be available for all rehearsals and both performances.**  
**Detailed schedule of your child's schedule will be distributed after auditions.**  
**Questions?? Call Terri at 619.1303 or email [terri.cochran@ridge.k12.wa.us](mailto:terri.cochran@ridge.k12.wa.us)**

**Detach and mail registration, with payment, to Ridgefield Community Education**

**Missoula Children's Theatre Registration**

**Mail to: Ridgefield Community Ed, 510 Pioneer Street, Ridgefield WA 98642**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/guardian names \_\_\_\_\_

Email address \_\_\_\_\_ Do you want to me on our mailing list? YES NO

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

**Parent permission:**

\_\_\_\_\_ has my permission to participate in the Community Education Program. In an emergency I grant permission for emergency medical treatment to be administered to my child. I agree to pay all medical bills not covered by my insurance company listed below. I release Ridgefield School District from responsibility for any bills resulting from injuries incurred in this program. I have listed information regarding allergies and/or medical conditions about my child of which staff should be aware. Does your child have any allergies of medical conditions that staff should be aware of? YES NO

If yes, please explain \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone# \_\_\_\_\_