

# Childrenâ€™s Worship Team Audition Consent

## Child Information

Full Name

Age

## Parent/Guardian Information

Full Name

Phone Number

Email Address

## Consent

I give permission for my child named above to audition for the Childrenâ€™s Worship Team. I understand the audition may include singing and/or playing an instrument. I acknowledge that rehearsal and performance schedules will be provided upon acceptance to the team.

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I consent to my childâ€™s participation in the audition.

Date

Parent/Guardian Signature