

**2022 SPAI SHOW COORDINATOR FORM**

**CONTACT INFORMATION FOR SHOW COORDINATOR**

*Please fill this out for ever show so that we have the most current contact information and allergy information for our cast members.*

PERFORMER NAME (**PRINT CLEARLY**) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

EMAIL ADDRESS (**PRINT CLEARLY**) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

CELL # \_\_\_\_\_ WHOSE # \_\_\_\_\_

CELL# \_\_\_\_\_ WHOSE # \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

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**Completed by MTA** Payment method please check appropriate box

check  check # \_\_\_\_\_

cash

online

cc

Amount paid \$ \_\_\_\_\_ Scholarship \_\_\_\_\_

Paid: Tuition \$ \_\_\_\_\_ DVD "REG" \$15 \_\_\_\_\_ DVD "BLUE RAY" \$20 \_\_\_\_\_ **Total \$** \_\_\_\_\_

**Notes** \_\_\_\_\_

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