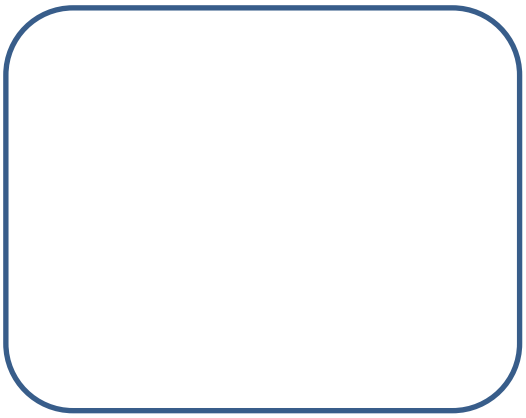
PHOTO HERE



Performer Name:

Last _____ First_____ Age _____

Height _____ Shoe Size_____ Male ____ Female ____

Song Choice _____Director can select____

Auditioning for (list 3 character choices) or _____No Preference

1)_____

2)_____

3)_____

What is your Angel's reading level? ____Can't read _____Can read with assistance_____Reads easily without assistance

What is your Angel's mode of communication? _____Verbal _____ASL____PECS _____Communication Device

If device, please specify which communication device:_____

Has your Angel successfully worn a hat before?_____

Will your Angel tolerate makeup?_____

Show music-music is available digitally. Please check if you want a CD _____CD requested

ILLUMINATORS

AoS expands our reach into the wider Bay Area community through tailored performances, workshops, and other "a-la-carte" opportunities, delivered in partnership with an array of community-based organizations.
The AoS Illuminators are a key component of the Rising Stars Program
This group of Angels performs at various venues and events, such as schools, parks, community and corporate events, sharing the power of ILLUMINATED Abilities.
Space in the Illuminators group is limited to approximately 20 participants, who are selected through auditions. To be considered for the Illuminators, participant families must:

- Be willing and available to perform in at least 75% of Illuminator performances, for which there is often short notice;
- Provide standard costume elements (shirt, shoes, pants/skirt, etc.);
- Be able to participate with minimal group support;
- Be able to prepare for a performance with very little notice and little, if any, practice;
- Be able to handle a wide spectrum of performance spaces;
- Be enrolled in another AoS program (e.g., Super or Shining Stars).

The cost of this program is $150, plus simple "uniform".
Please initial one of the two options below

_____ **I have read and understood the requirements for participation for the ILLUMINATORS and I would like my angel to be considered for this program**

_____ **I am not interested in this program at this time (This does not affect your Super Star or Shining Star program)**

FOR STAFF USE ONLY
Measurements

Head	Shoulders	Arm	Back	Chest	Waist	Hip	Leg