



TheatreWorks, Birkenhead War Memorial Park, Recreation Drive, PO Box 34-455, Birkenhead, North Shore 0746
Ph: 419-0415 info@mairangiplayers.co.nz www.mairangiplayers.co.nz

Audition Form

Name: _____

Address: _____

Height: _____

E-mail: _____

Phone (Home): _____

(Mobile): _____

(Work): _____

Names of characters for which you are auditioning:

Experience:

Do you have any other special or hidden talents?

Please list dates and times when you are not available for rehearsal or shows:

(This is so we can attempt to create the rehearsal schedule around prior commitments)

Our club policy states that all cast must be current financial members of Mairangi Players.

Are you a member of Mairangi Players?

Yes / No

If not, will you pay a subscription (\$15 individual, \$25 family) should you be offered a part in the production?

Yes / No

Do you give permission for Mairangi Players to use your photo in publicity for the show? Yes/No

Please note:

- * if your membership has not been paid by two weeks after rehearsals start, your role will be recast
- * no audience permitted at rehearsals without the Director's permission
- * no changes are to be made to the show once performance season has commenced

Signature _____

Date _____