

Audition Form

Number

YOUR DETAILS:

Name: _____ Address: _____ _____ _____ Email: _____	Preferred pronoun: _____ Ph (optional): _____ Work ph: _____ Height: _____
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Names of characters for which you are auditioning:

Experience:

Do you have any special / 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 TheatreWorks

- Are you a member of TheatreWorks? 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 TheatreWorks 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: _____