

<b>Number</b>

## Audition Form

### YOUR DETAILS:

Name: _____	Preferred pronoun: _____
Address: _____	Ph: _____
_____	Work ph: _____
_____	Height: _____
Email: _____	

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 ☐
- Do you give permission for your contact details to be shared with other cast and crew? Yes ☐ No ☐

Please note: \* if your membership has not been paid by two weeks after rehearsals start, your role will be recast  
 \* no audience (including family or friends) permitted at rehearsals without the Director's prior permission  
 \* no changes are to be made to the show once performance season has commenced

Signature: \_\_\_\_\_ Date: \_\_\_\_\_