

Number

Audition Form (under 16 years)

YOUR DETAILS:

Name: _____ Preferred pronoun: _____

Parent/Guardian name(s): _____

D.O.B: _____ Mob auditionee: _____

Address: _____ Mob guardian(s): _____
_____ Mob guardian(s): _____

Email: _____ Height: _____

Email(s) guardian(s): _____

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

Guardian Signature: _____ Date: _____