



Audition Form

Complete this form before your audition

Personal Information

Full Name: _____

D.O.B. _____ Phone: _____

Mobile: _____ Email: _____

Street Name _____

Suburb _____

City _____ Post Code: _____

If under 18 please add a parent or guardians contact

Name: _____

Phone _____ Email _____

Height in cm: _____

Vocal range: Soprano Alto Tenor Baritone Bass I don't know

Previous Experience

List any recent relevant performance experience



Name the role/s you wish to be considered for

Yes No

Do you wish to be considered for ensemble if not cast in a principal role

Do you have any commitments that could interfere with rehearsals?

*** If yes state days or dates:**

If your audition for this production is unsuccessful there are many other ways you can be involved.

Please indicate areas you may be interested in assisting with

Front of House	<input type="checkbox"/>	Production Team	<input type="checkbox"/>	Committee	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	Set Building	<input type="checkbox"/>	Design	<input type="checkbox"/>
Sound	<input type="checkbox"/>	Props	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Hair/makeup	<input type="checkbox"/>	Costumes	<input type="checkbox"/>

Declaration

- If accepted for the production, I agree to become a Member of the Society and pay the relevant annual membership fee (*please note that it is necessary to become a member to be covered by ACC when working in the Theatre*)
- I acknowledge that I will not receive remuneration for my participation in any production
- Apart from the dates listed above, I agree to be totally committed to the production and the rehearsal schedule
- If accepted for the production, I consent to my name being used for any publicity and media purposes related to the production
- I understand that this information will be held in accordance with the Privacy Act 1993

Signed:

Date: