

Please
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a photo

SUMMER SCHOOL: *BUGSY MALONE* AUDITION APPLICATION

PERSONAL INFORMATION

Name of Participant:

Address:

.....

Email address:

Date of Birth:..... Age on 19 July 2020:.....

Contact Number for Participant:

Name of Parent(s)/Guardian(s):

Contact Number(s) for Parent(s)/Guardian(s):

Name of School

Local Council Authority where you live:

AUDITION INFORMATION

Please tick the session you have booked to attend:

Saturday 16 May

☐ 9.30am - Registration
9.45-11.30am - **Workshop 1**

☐ 11.45am - Registration
12pm-1.45pm - **Workshop 2**

Sunday 17 May

☐ 9.30am - Registration
9.45-11.30am - **Workshop 3**

☐ 11.45am - Registration
12pm-1.45pm - **Workshop 4**

ABOUT YOU

Will you have performed in a show for more than 3 days in the 6 months prior to the project? (Give details - please note this includes school plays and amateur dramatics)

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Please give details of recent relevant experience:

.....

.....

Do you have any specialist skills you would like us to be aware of?

(eg. I am a good juggler, a gymnast etc)

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MEDICAL INFORMATION

Please give details of any medical conditions that the participant has, including allergies:

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.....

GENERAL PERMISSIONS

I give permission for the participant named above to be photographed for archive, filmed, marketing and promotional activity.

☐ Yes ☐ No

I give my permission for the participant named above to appear in filmed footage of the show, which may be sold to participants and the general public.

☐ Yes ☐ No

Who will be the main contact for all email correspondence related to the project?

This is for you to select your mailing options (please circle)

☐ Participant only ☐ Parent/Guardian only ☐ Both

Please sign below to confirm that the details you have written are correct.

Signed:Relationship to the Participant:

Date: