



Please attach a photo

# JOSEPH AUDITION APPLICATION

## PERSONAL INFORMATION

Name: .....

Address: .....

.....

Email address: .....

Telephone:.....Emergency Contact Telephone .....

## AUDITION INFORMATION

I would like to audition for the role of: .....

Please inform us of any unavailability so we can prepare the rehearsal schedule:

.....

## ABOUT YOU

### Recent theatre experience

(please give brief details of any recent theatre roles / experience)

.....

.....

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

(e.g. I am a good juggler, play the piano, a gymnast etc)

.....

### For Under 18s only

**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)

.....

.....

## **MEDICAL INFORMATION**

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

.....  
.....

## **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

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

Signed: .....

Date: .....