



**OFFICE USE ONLY**

Label No: \_\_\_\_\_  
 Show: \_\_\_\_\_  
 Date: \_\_\_\_\_

# ADULT AUDITION APPLICATION

## PERSONAL INFORMATION

Please  
attach  
photo

Name of Applicant: .....

Address: .....  
 .....

Email Address: .....

Contact number: .....

Date of Birth: .....

Gender .....

## EMERGENCY CONTACT INFORMATION

Named Contact: .....

Email Address: .....

Telephone: .....

## T SHIRT SIZE

S    M    L    XL    XXL    3XL

## AUDITION INFORMATION (please circle one)

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

In the event that you are unsuccessful with the above role, if the Creative Team offered you an alternative role which they deemed right for you, would you be interested?

YES

NO

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

.....  
.....

**Please inform us if you have auditioned for, are planning to audition for, or are participating in another theatre show that could reduce your commitment to this show.**

.....

**ABOUT YOU**

**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, tap dancer etc.)

.....  
.....

**MEDICAL INFORMATION**

**Please give details of any relevant medical conditions, including allergies:**

.....  
.....

**GENERAL PERMISSIONS**

**I give permission to be photographed and filmed for archive, film and voice recordings, marketing, and promotional activity.**

Yes     No

**I give permission to appear in filmed recording of the show, which may be sold to company members and the public.**

Yes     No

**I can confirm that I have read the show information pack in relation to the auditioning process and my participation as part of the company.**

Yes     No

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

Signature: .....

Date: .....