



OFFICE USE ONLY

Label No: _____
 Show: _____
 Date: _____

YOUTH AUDITION APPLICATION

PERSONAL INFORMATION

Please
attach
photo

Name of Applicant:

Address:

.....

Email Address:

Date of Birth: Gender:

Contact number for applicant (if applicable):

Name of School/College/University:

Local Council Authority where you live:

PARENT/GUARDIAN CONTACT INFORMATION

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

Contact number(s) of Parent(s)/Guardian(s):

Email Address:

Telephone:

T SHIRT SIZE

S M L XL XXL

AUDITION INFORMATION

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 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.

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ABOUT YOU

Please give details of recent relevant experience:

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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.)

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MEDICAL INFORMATION

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

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GENERAL PERMISSIONS

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

Yes No

I give permission for the applicant 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 the applicant's participation as part of the company.

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

Applicant only Parent/Guardian only Both

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

Signed by applicant:

Signature: Relationship to applicant:

Date: