



AUDITION REGISTRATION



NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (MOB) _____

E-MAIL: _____

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____

VOICE TYPE & RANGE: *(If known)* _____

Do you read music? YES NO

Have you had experience in part singing? YES NO

Do you play an instrument? YES NO Instrument _____

I am auditioning for *(Please circle appropriate option/s)*: Principal Role Any Role

Principal Role *(Please list characters)*: _____

If you did not get a Principal Role, would you be prepared to be considered for any role?
YES NO

Other family members auditioning: _____

Please list commitments, (including work, school, holidays etc.), that you have between late January and June 2013, which may affect your availability and attendance at rehearsals

I understand that if I am cast in The Sound of Music, that there is a requirement to contribute a minimum of eight hours towards backstage/offstage work on the production. I also agree to become a financial member of the Devonport Choral Society.

Signature: _____ Date: _____

I give my permission for my son/daughter to be in The Sound of Music. I also understand that I am responsible for the required minimum of eight hours towards backstage/offstage work for my child.

Signature: _____ Date: _____

(of parent or guardian for those under 18 years old)

***Please feel free to attach (or list on reverse side)
appropriate information listing relevant experience***

Audition
Number: