



AUDITION REGISTRATION



ATTACH PHOTO HERE

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (MOB) _____

E-MAIL: _____

DATE OF BIRTH: _____ CLOTHES SIZE: _____ HEIGHT: _____

VOICE TYPE & RANGE: (If known) _____

Do you read music? YES NO Have you had experience in part singing? YES NO

What character/s would you like to be considered for? List below:

If unsuccessful, would you be interested in participating in another way? YES NO

If yes, how? Sets Costumes Props Stage Crew Front of House

Please list commitments, (including work, school, holidays etc.), that you have between May and August 2026, which may affect your availability and attendance at rehearsals.

Feel free to attach (or list on reverse side) appropriate information regarding your experience and/or availability.

PARENT/GUARDIAN NAME: _____

RELATIONSHIP: _____

TELEPHONE: (H) _____ (MOB) _____

E-MAIL: _____

Parent/Guardian Signature: _____

Date: _____