



No.....

AUDITION FORM

NAME: _____ MALE / FEMALE (Circle)
(Given Name) (Family Name)

ADDRESS: _____

PHONE NO'S: (Home) _____ (Mobile) _____

EMAIL: _____

AGE: ____ HEIGHT (cm): _____ DO YOU WANT TO BE ADDED TO OUR CONTACT DATABASE? __

YOUR COLOURING - SKIN : _____ EYES : _____ HAIR : _____

PART SOUGHT: _____ or Principal/ Company/ Dancer (Circle)

WOULD YOU CONSIDER JOINING THE ENSEMBLE IF YOU ARE NOT SELECTED FOR THE ABOVE ROLE? Y/N

VOCAL RANGE: _____ DO YOU READ MUSIC? YES/ NO (Circle)

AUDITION SONG: _____

PREVIOUS EXPERIENCE (most recent first):

DO YOU HAVE ANY OTHER SPECIAL TALENTS? (e.g. juggling, tumbling, gymnastics etc)

DO YOU HAVE ANY OTHER COMMITMENTS THAT MAY COINCIDE WITH THE REHEARSAL/ PRODUCTION PERIOD (e.g. other shows)?

ON BEING ACCEPTED FOR A ROLE, YOU ARE REQUIRED TO BECOME A MEMBER OF AUCKLAND MUSIC THEATRE. You will also be required to pay a deposit for scripts and scores which is refundable at the end of the performance

*I understand that should I be accepted, I will abide by the rules and constitution of the society and that I will accept the decisions of the committee in all respects and that any images of me in my role maybe used by AMT on their website

*I also agree that my audition may be video taped for the purpose of review, evaluation and selection by the audition panel.

SIGNED: _____ DATE: _____

AUDITION PANEL'S NOTES

RECALL YES/ NO FOR: _____

This form is confidential and is the property of Auckland Music Theatre Inc and must be returned to the secretary after the production team have chosen their cast.