



## Audition Registration Form

Audition No.....

NAME: \_\_\_\_\_ MALE/FEMALE (Circle)  
(First Name) (Surname)

ADDRESS: \_\_\_\_\_

PHONE No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT(cm) \_\_\_\_\_

YOUR COLOURING: SKIN \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

ROLE/S SOUGHT \_\_\_\_\_ or Principal/Ensemble/Dancer/BV(Circle)

VOCAL RANGE \_\_\_\_\_ DO YOU READ MUSIC? YES/NO (Circle)

PREPARED AUDITION SONG/S \_\_\_\_\_

PREVIOUS EXPERIENCE (most recent first)

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

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DO YOU HAVE ANY COMMITMENTS THAT MAY COINCIDE WITH THE REHEARSAL/PRODUCTION PERIOD, COMMENCING MARCH 26<sup>th</sup> 2019 (e.g. other shows, family events)?

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WHAT OTHER SHOWS/PERFORMANCES ARE YOU COMMITTED TO OR PLAN TO COMMIT TO IN 2019?

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- *I understand that should I be accepted for a role, I will accept the decisions of the Committee in all respects and that any images of me in my role may be used by the Auckland Music Theatre Inc on their website and social media pages.*
- *I also agree that my audition may be video-taped for the purpose of review, evaluation and selection by the audition panel.*
- *If successfully cast for Carrie the musical, I am fully committed to the rehearsal schedule commencing March 26<sup>th</sup> 2019.*
- *On being accepted for a role, I will become a member of Auckland Music Theatre Inc. if not already.*
- *I agree to adhere to the rules of Auckland Music Theatre Incorporated (available by request or at <http://www.societies.govt.nz>), and any subsequent bylaws, health and safety documents, polices etc. published from time to time by the Executive Committee.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE ENSURE YOU BRING THIS FORM ALONG WITH A CURRENT PHOTO OF YOURSELF TO YOUR AUDITION.**

AUDITION PANEL'S NOTES

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RECALL YES/NO FOR: \_\_\_\_\_