

AUDITION REGISTRATION FORM

Name of play:



Date of audition:	
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Director	
Tech Rehearsals	11th (Monday) & 12th (Tuesday) September from 7pm
Performances	13th (Wednesday), 15th (Friday) & 16th (Saturday) September from 8pm

Please advise which role(s) you are auditioning for:

Your contact details

Name	
Address	
Mobile phone	
Other contact no.	(specify work/home)
Email address	

If new to the Arts Theatre, brief summary of acting experience:

Where did you hear of the audition? (pls circle)

Arts Theatre website / Team App / Email / Facebook / Instagram / Word of mouth

Other

I acknowledge that if cast in a production, for publicity purposes my image may appear on the theatre's website, newspapers & social media.

If cast, I agree to become a member of the Arts Theatre Cronulla. Membership is \$25, payable upon acceptance of role.

Signature: Date: / /