

AUDITION REGISTRATION FORM

Name of play:



Date of audition:	
-------------------	--

Director	
Tech Rehearsals	6th (Monday) or 7th (Tuesday) September at 7-9pm
Performances	8th (Wednesday), 10th (Friday) 11th (Saturday) September at 8-10pm

Please advise which part/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 audition? (pls circle)

ATC 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: / /

ATC database photo # _____ Date taken: _____