



Audition Form

SUMMER OF THE SEVENTEENTH DOLL

First Name: _____
 Last Name: _____
 Postal Address: _____
 P/code _____ Email Address: _____
 Home Phone: _____ Mobile: _____ Work Phone _____
 Age & Height _____ (If under 18 yrs, optional if over 18 yrs)

Photo
 At the end of a day of auditions, it can be difficult for an audition panel to remember which person you were!

Don't let that be you!

ROLE

I would like to audition for the role of: (Please refer to the audition info for the list of roles)

1st Preference _____
 2nd Preference _____
 3rd Preference _____

If you are not offered the role(s) you have nominated, would you accept another principal role? YES NO
 If you are not offered the role(s) you have nominated, would you accept chorus? (circle one) YES NO
 If not selected in the cast, would you be willing to assist with the production (circle one) YES NO
 Would you like to be notified of future auditions (circle one) YES NO

PERFORMING SKILLS

➤ Are you experienced in Stage Acting? (circle one) YES NO

➤ Tick one of the following to indicate your vocal range (leave blank if unsure).

Soprano Mezzo Soprano Alto Tenor Baritone Bass

➤ Dance Style/ Attainment Level _____

➤ What instrument(s) do you play? _____

➤ In the following space, please describe **BRIEFLY** any other **ACTING**, **SINGING** or **DANCING** experience (for example, choir memberships, dance lessons, music lessons, acting training). Please **briefly** list individual shows, just provide a short summary (number and types of shows). Attach resume, if necessary.

➤ Why are you auditioning?

➤ At Beenleigh Theatre Group, there may be other areas that you may be interested in helping out in, please tick the relevant boxes

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Set Building | <input type="checkbox"/> Costume Making | <input type="checkbox"/> Lighting Operation |
| <input type="checkbox"/> Back Stage | <input type="checkbox"/> Painting | <input type="checkbox"/> Sound Operation | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> Other (Please list) _____ | | | |

➤ Do you have friends or relatives who could assist with any of the above listed areas?

PRIVACY STATEMENT. This information will be used by the Beenleigh Theatre Group Inc to contact you in relation to this and future productions. If you take part in this production, your phone, email and suburb details will be published on a list which will be circulated to all members of the production team, **UNLESS YOU TICK HERE.**

DECLARATION – PLEASE READ CAREFULLY

1. If I am selected for this Beenleigh Theatre Group Inc production, I **agree to become a member of Beenleigh Theatre Group Inc** and pay the accompanying **membership fee** (\$25.00/yr inc GST) at or before the first rehearsal.
2. I am available for **all of the rehearsals** in the rehearsal period, without exception. **I understand I will be asked to leave if I miss more than 3 rehearsals.** If I accept a lead role I may be required to attend extra rehearsals
3. I am available for **all performances in the season, without exception.**
4. **I AGREE** to accept the decisions of the Audition Panel, which are final and binding. I acknowledge that if not given the decision of the Panel at my audition, I shall be informed by email if possible, or by telephone.
5. I give my consent to Beenleigh Theatre Group Inc to make, use and/or retain an image/s as detailed on the website that may identify me, or a dependant. I acknowledge these images will be taken during the audition process too.
6. I understand that I can withdraw my consent at any time by writing to the Committee.

BEENLEIGH THEATRE GROUP INC MEMBER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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The Secretary, PO BOX 201 Beenleigh, Qld 4207

PRINT NAME: _____

SIGNATURE: _____

PARENT _____
(IF AUDITIONEE IS UNDER 18)

DATE: ____/____/____

AUDITION PANEL USE ONLY

Call-back: Yes No **Role:** _____