

# AUDITION REGISTRATION FORM

## THE GAME'S AFOOT



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

|                     |                                   |
|---------------------|-----------------------------------|
| Director            | Tom Richards                      |
| Performances 8pm    | Wednesdays, Fridays & Saturdays   |
| Members preview 2pm | Sunday, 2nd May                   |
| Charity preview 8pm | Wednesday, 5th May                |
| Opening night       | Friday, 7th May                   |
| Matinees 2pm        | Sunday, 16th, 30th May & 6th June |
| Closing night       | Saturday, 12th June               |

**Please tick part/s you are auditioning for:**

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**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:**

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**Where did you hear of audition?** (pls circle) Team App / Website / Word of mouth / The Leader / Other

I acknowledge that if cast in a production, for publicity purposes my photograph may appear on the theatre's website or in newspapers.

Signature: ..... Date: / /

ATC database photo # \_\_\_\_\_ Date taken: \_\_\_\_\_