

Albury • Wodonga Theatre Company



Audition No.
(for use by AWTCO)

Photo

(Please print clearly)

Name: _____
 Sex: M / F (circle) Hair Colour: _____ Date Of Birth: _____ Age: _____
 Address: _____ Phone (H): _____
 Town: _____ Postcode: _____ Phone (W): _____
 E-mail: _____ Mobile: _____

How did you hear about "Pirates of Penzance" auditions? _____

Occupation: _____

What song are you singing? _____

What role/s are you auditioning for? Important note: Please tick **every** box you would like to be considered for. Please **do not** tick a box that you do not wish to be considered for.

Characters:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Mabel | <input type="checkbox"/> Frederic | <input type="checkbox"/> Ruth |
| <input type="checkbox"/> Sergeant of Police | <input type="checkbox"/> Pirate King | <input type="checkbox"/> Major-General Stanley |
| <input type="checkbox"/> Edith | <input type="checkbox"/> Samuel | <input type="checkbox"/> Isabel |
| <input type="checkbox"/> Kate | <input type="checkbox"/> Daughters | <input type="checkbox"/> Pirates |
| <input type="checkbox"/> Police | | |

Previous Theatre Experience Please complete the following (only the 4 most recent productions) or attach a brief resume.

Year	Show	Role	Company
1			
2			
3			
4			

VOCAL Type/Range (if known) _____	On a scale of 1 – 5 (5 Very Good – 1 Not at all)
Trained with: _____ for _____ years	How well do you read music? _____
_____ for _____ years	How well do you hold harmonies? _____

DRAMA / ACTING	Previous Experience
Trained with: _____ for _____ years	<input type="checkbox"/> Principal Roles <input type="checkbox"/> Cameo/Minor Roles
_____ for _____ years	<input type="checkbox"/> Small Speaking Part <input type="checkbox"/> No previous experience

DANCE / GYMNASTICS	<input type="checkbox"/> 10+ years training <input type="checkbox"/> 5 - 10 years training
Trained with: _____ for _____ years	<input type="checkbox"/> 1 – 5 years training <input type="checkbox"/> General classes
_____ for _____ years	<input type="checkbox"/> Good mover <input type="checkbox"/> No dance experience

Additional Skills (e.g. musical instrument, acrobatics, comedy) _____

- Please list any past/current **injuries** or restrictions which may affect your ability to rehearse or perform.

Are you willing to:

- Colour your hair if required Yes No
- Grow or Cut your hair if required Yes No

It is vital to this production, and everyone involved, that you be available for all rehearsals. A rehearsal schedule will be available from the first rehearsal. Please ensure that you note any dates that you are not able to attend.

- Are you available
Tuesday & Thursday evenings 7:30pm – 9:30pm, Sundays 1:00pm – 5:00pm
commencing Sunday 7th February 2010 Yes No
- Are you intending to audition for or be involved in another show during February – May 2010? Yes No
Please indicate level of involvement: _____
- Do you have any other commitments during February – May 2010? Yes No
Please advise dates when you're not available: _____
- Are you available for all production dates Yes No
Bump In / Production starting: Sunday 16th May 2010 Yes No
Performance Dates: Thursday 20th May until Saturday 22nd May 2010 Yes No
Bump Out: Sunday 23rd May 2010 Yes No

- If you are not cast in the production, would you consider working in wardrobe, backstage, set construction? _____
- As well as performing, cast members may be required to help with set construction or sewing bees as called.
- All cast members and crew are required to become financial members of Albury Wodonga Theatre Company Inc. and will also be required to pay show fees, due no later than 14th February 2010.
Fees: Adult \$20.00 Show Fees \$10.00
Concession / Student \$10.00 Show Fees \$10.00
Family \$30.00 Show Fees \$10.00 per person
- All cast will be required to supply their own makeup for the show at their own expense.
- All cast members should be aware that they may be required for publicity and promotional purposes.
- Albury Wodonga Theatre Company Inc. reserves the right to request any cast/production member to withdraw from a production at any given time if their conduct/performance is considered unsatisfactory.

I am aware that, if successful in my audition, I have committed to attend ALL rehearsals and production dates required of me and understand that if my performance during rehearsal is not up to standard, and that my absence from rehearsal without reasonable cause or without advising anyone could necessitate my replacement and withdrawal from the show, unless previously discussed with and approved by the Albury Wodonga Theatre Company Committee and the Director of the production.

I have read this audition form and if I am accepted as a member of the cast I agree to abide by all the above-mentioned conditions and the Articles of Albury Wodonga Theatre Company Inc.

Albury Wodonga Theatre Company Inc. (AWTCo), in the course of its business, collects certain information relating to member and auditionees. AWTCo guarantees that it will:

1. Keep confidential and ensure that its committee and/or agents keep confidential the data collected and take all steps as may be necessary to safeguard the confidentiality of the data.
2. Not disclose the data to any person unless disclosure is necessary for the provision of the services provided by AWTCo:
 - or has been requested and authorised by the member/auditionee;
 - or is required by law.

Signed: _____

Dated: _____

Parent/Guardian: _____

If auditionee is under the age of 18