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| **OCTOBER 2022 AUDITION REGISTRATION FORM** |
| **Full Name:** |
| **Preferred Pronouns** |
| **Address:** |
| **Suburb: P/Code:** |
| **Daytime Phone: After Hours:** |
| **Mobile:** |
| **D.O.B: Preferred Phone Contact: Mobile Day AH** |
| **Email Address:** |
| NB: Please ensure all your contact details are correct in order to be notified of your result and any further communication |

Please indicate the role/s you would like to be considered for from the list below

| Peter Allen |  | Marion Woolnough |  |
| --- | --- | --- | --- |
| Young Peter Allen |  | Trio |  |
| Judy Garland |  | Featured Dancer |  |
| Liza Minnellii |  | Ensemble |  |
| Greg Connell |  |  |  |

Would you like to be considered for any role offered Yes No

Are you a current Campbelltown Theatre Group Member? Yes No

If not, you understand that you have 4 rehearsal weeks to join CTG inc. and pay the membership fee and the $55 production fee from the first rehearsal? **(Please circle) Yes No**

Where did you hear about auditions for The Boy From Oz?

This production of The Boy From Oz requires a full commitment to attend all rehearsals as scheduled. This may include 2 rehearsals per week and weekends as specified. It’s important that we know in advance of any prior commitments you may already have, including involvement in other productions. Do you have any commitments that would stop you from attending any rehearsals?   
**Please specify, including dates:**

**Experience:** (Musicals, plays, film or performance credits) Attach your resume or complete the following table (If you require more space please attach a separate document)

| **YEAR** | **PRODUCTION TITLE** | **ROLE** | **COMPANY** |
| --- | --- | --- | --- |
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| **VOCAL TRAINING** |  |
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| **ACTING TRAINING** |  |
| **DANCE TRAINING** |  |
| **PRIOR MEDICAL CONDITIONS** | CTG inc. are committed to ensuring the health and safety of all participants in this production. Do you have any existing illness, medical conditions or injuries which may affect your ability to perform in this production? If yes, please specify. Any information you provide will remain confidential and will only be used to assess your suitability to participate in this production:  None |

DISCLAIMER: The information I have provided is true and accurate, if I participate in this production, I agree to become a member of CTG inc. and acknowledge I have read the show information and I understand the consequences of non-attendance at rehearsals. I understand that membership and show fees are to be paid by **\*Insert Date\***

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Auditionees under the age of 18 must have parental /guardian permission to audition for the show.**

Name of Parent/guardian authorising consent:

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_