



COFFS HARBOUR MUSICAL COMEDY COMPANY INC.

AUDITION APPLICATION

NAME: .....

ADDRESS: .....

DOB: .....Age: .....(if under 18) Parent Name/Contact: .....

P: Home.....Work.....Mobile.....

EMAIL ADDRESS.....

Previous Experience.....

.....

Height | ..... Hair Colour | .....

Please tick your interests and abilities:

- Acting
- Singing
- Dance
- Musical Instrument.....
- Backstage
- Lighting
- Sound
- Front of House
- Costumes
- Set building
- Publicity
- Hair/makeup
- Makeup
- Computer/graphics

Are you currently undertaking singing lessons? Yes  No  .....

What is your vocal range (in notes, eg C3 to C6 etc)? .....

Please advise voice type: soprano  mezzo soprano  Alto  tenor  baritone  bass

Please list the role/roles you are interested in:

.....

Do you want to be considered for other roles? No Yes .....

Do you want to be considered for the Ensemble? Yes No Anything: Yes No

Are there any periods of time when you will not be available for either rehearsals or performances?

No Yes .....

Are you currently involved in another production? No Yes

Production.....

Show Dates.....

Rehearsal times .....

*For insurance purposes, all crew members and cast must become financial members of CHMCC once casting is finalised. Filling in this form is taken as permission for photographs to be taken of you or your child for casting or publicity purposes.*

**Let us know if you would like to help Backstage and/or Ushering, if not successful with your audition**

Backstage .....Yes  No

Ushering .....Yes  No

**You must be 16 years of age and over, to work in these two roles, THANK YOU**