



AUDITION APPLICATION

NAME:

ADDRESS:

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

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

EMAIL ADDRESS

Previous Experience.....

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Please tick your interests and abilities:

- | | |
|--|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Costumes |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Set building |
| <input type="checkbox"/> Musical Instrument..... | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Backstage | <input type="checkbox"/> Hair/makeup |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Sound | <input type="checkbox"/> 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:

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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.

For CHMCC Use only

V	A	M	P	G	TOTAL