

Audition Registration / Information Sheet

Name: _____ No _____

Age and date of birth _____ Height (feet & inches) _____

Address: _____

Post Code _____

Telephone Home: _____ Work _____

Mobile _____

Email _____

Emergency Contact No _____

School/College etc: _____

Address _____

Local Education Authority _____

Any Medical Info You Think It
Necessary For Us To Know i.e. medications, diabetic etc.

Parents / Guardians

Would you like to be involved helping in any capacity Yes / No
i.e. matron, wardrobe, props

If yes, please specify _____

PTO

Name: _____ **No** _____

Previous Experience including shows, exams, dance schools etc.

Do not write below :- OFFICE USE ONLY

Singing- Recall Y/N

Acting-Recall Y/N

Movement-Recall Y/N

Recall Y/N

Notes