



INTO THE WOODS JR.

Audition Form

Name: _____ Male / Female
(Given Name) *(Family Name)* *(Please circle)*

Address: _____

Mobile: _____ Age: _____ D.O.B: _____

Email: _____

WWC ID (18yrs and over): _____ Exp: _____

T-Shirt Size: _____ Are you a: Current Member New Member Former Member

Are you auditioning for: Role(s) _____

Will you accept another role: Yes No

SINGING: Voice Type: Soprano Mezzo Alto Tenor Baritone Bass

Skill Level: Beginner Intermediate Advanced

Voice Training: None Trained How many years: _____ Vocal Coach _____

DANCE: Dance style: Classical Tap Jazz Modern Contemporary Ballroom Other: _____

Skill Level: Beginner Intermediate Advanced

Training: None Trained How many years: _____ Studio/Teacher: _____

During the rehearsal period, are you, or do you, intend to be involved in any other theatrical productions:

Yes No If yes, please provide details of show dates & rehearsal obligations:

During the rehearsal period, are you or do you intend to be absent due to holidays, family commitments, school excursions, exams or business trips etc? Yes No If yes, please provide dates of absence(s):

Previous experience: (please complete or attach resume):

YEAR	SHOW	ROLE	COMPANY

Please read carefully and sign below: I understand that, if successful in my audition, I must become a member of Shire Music Theatre Inc. and that the membership and show fees MUST BE PAID BY THE DUE DATE and failure to pay may result in exclusion from rehearsals. I understand that I am required make myself available for all rehearsals and production dates and that my absence, unless previously approved by both the Production Team and Committee, may result in my replacement in the production. I understand that I am required to assist with set construction as well as bump in/ bump out and I agree to assist as needed. By signing this Audition Form I am agreeing to the Shire Music Theatre Terms of Membership and give permission for Shire Music Theatre to use my details and photographs for publicity purposes where applicable.

Signed: _____ **Date:** _____

Note: Parent/Guardian to sign if Auditionee is under 18 Years of age