*Please complete all questions*

|  |  |  |
| --- | --- | --- |
| Name: |  | Address: |
| Telephone: |  |  |
| Mobile: |  |
| Email: |  |
| Singing voice: |  |
| Height: |  |
| Age: |  | Date of birth if 18 or under: |  |

|  |  |  |
| --- | --- | --- |
| I wish to audition for the following role(s): | 1 |  |
|  | 2 |  |
| The auditioning panel will also consider your suitability for other roles in ‘Soho Cinders’.Please state below any roles for which you do NOT wish to be considered: |
|  |

|  |  |
| --- | --- |
| I wish to be considered for chorus if unsuccessful in a principal role: |  |
| I only wish to audition for chorus: |  |
| I would be prepared to understudy a principal role: |  |
| I will make a commitment to show week and to attend all rehearsals called: |  |

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| --- |
| If applicable, please state below any additional information which may be relevant to this production. |
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| IMPORTANT: I consent to the use of rehearsal photographs/videos for display on the company web site and/or appropriate production publicity. |
| Name of auditionee (or parent/guardian if under 16): |  |
| If under 16, please indicate if your parent / guardian are able to chaperone you during show week: |  |

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| --- |
| Rehearsals are usually on Monday/Wednesday/Friday/Sunday (according to schedule).In order to help in the production schedule, if you are aware any dates you will be unavailable for rehearsal (e.g. holidays) between April 2018 and September 2018 please state below: |
|  |

Please return this form (preferably by email) to Karen Todman (Musical Theatre Secretary)

karen.todman@hessletheatre.co.uk or by post to 25 Second Avenue, Heworth, York, YO31 0RX (Tel: 07767 767514).

Please submit your form as soon as possible in order for audition music/times to be sent to you.

Please note: if you are successful in your audition, you will be required to become a member of Hessle Theatre Company and the relevant membership fee will be due.