



**AUDITION INFORMATION FORM**

Name ..... No.....  
 Address ..... P/code.....  
 Telephone No..... Mobile.....  
 E-mail: .....  
 D.O.B: .....(14yrs to 25yrs @ 30/06/2012) Age .....  
 Signature: .....

Role Auditioning For: .....  
 Would you be willing to accept another role?  Yes  No  
 If so, which role?  Principal .....  Ensemble  Any

Previous Training or experience – or attach CV (Dance, Singing, Music etc)  
 Musical instrument (yes/no) Instrument..... level.....  
 .....  
 .....  
 .....

How comfortable are you singing difficult harmonies?  Very  Somewhat  Not at all

Do you have any commitments that will impact on attendance at rehearsals (Sat 1 – 5pm)?  
 If so, give details (dates, reasons).....  
 .....  
 .....

All candidates will be notified by phone or email regarding the outcome of their audition, within a week of the audition date. The casting decision is final and correspondence will not be entered into.

Please note: The information supplied on this form will be kept in confidence and will not be provided to others. It may be used by SYMT to notify you of further shows/auditions, unless you request otherwise.

Please do not place me on the SYMT mailing list