

Insert PLAY TITLE:

**WILLIAMSTOWN LITTLE THEATRE  
AUDITION FORM**

Two days prior to audition date, email this completed form to mhaughey@wlt.org.au, together with non returnable headshot.

**\*\*FULL VACCINATION IS REQUIRED.  
MEMBERSHIP IS A CONDITION OF ACCEPTING A ROLE \*\***

**Please PRINT!**

Name: \_\_\_\_\_

\*Age or age group: \_\_\_\_\_ \*Phone number: \_\_\_\_\_

\*Email: \_\_\_\_\_

Are there any regular weekdays you cannot rehearse? If so, which? \_\_\_\_\_

**ROLE/S YOU ARE AUDITIONING FOR:**

\_\_\_\_\_

**Brief list of recent roles: (attach sheet or use back of this one if necessary)**

•Are you interested in working on this production in another capacity if not cast? **YES/NO**  
If so, please indicate what (e.g backstage, set, costumes etc) \_\_\_\_\_

•**If cast**, sign below if you agree to your contact details being made available to all those involved and to production photos being made public (newsletter, social media)?