



AUDITION FORM

Please:

- Complete this form prior to your audition and bring it with you together with a non-returnable headshot.
- Write clearly

Play Title	
Role/s for which you are auditioning	
Your Name	
Telephone Number(s)	
Email	
Age or Age Group	
Are there any evenings during the week or weekend days when you are regularly unavailable to rehearse? Please list.	
Please provide a brief list of recent roles. Attach further relevant information if you wish.	
If not cast, are you interested in working on this production in another capacity (eg backstage, set, costumes FOH etc)? If so, please list your area(s) of interest	
If cast, I agree to my contact details being made available to all those involved in this production and to production photos being made public via Cues & News and social media. I understand that taking membership of Williamstown Little Theatre Inc is a condition of accepting a role.	
Signature	Date