



Wyong Musical Theatre Company Inc.

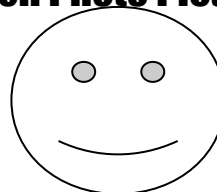
The President
WMTC
PO Box 275
Wyong NSW 2259
Ph. 1300 366 470



Audition Times

Attach Photo Please

Dance: _____ / _____
Day Time



Vocal: _____ / _____
Day Time

AUDITION FORM

Please note: you **must** be 8yo before 1st September 2017 to be eligible for an audition.

NAME: _____ AGE: _____ SEX: M / F. Height _____ cms

ADDRESS: _____

_____ POSTCODE: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ EMAIL: _____ MOBILE: _____

Vocal Range: Soprano / Alto / Tenor / Baritone / Bass

Character you wish to audition for: _____

Second preference: _____

If you are not chosen for this/these parts, are you willing to accept/participate in?:

Another Role Yes / No Chorus/Ensemble Yes / No Backstage Yes / No

Please advise details & dates of any commitments / planned holidays which will prevent attendance at rehearsals and/or performances:

Previous experience in musicals/ Musical or performance training: (continue over if necessary)

SHOW	PART PLAYED	COMPANY	YEAR

I understand auditions will be filmed and that all videos and photos taken belong to the company and may be used for publicity and media purposes. **All persons associated with the production 18years and over must have a current working with children check completed and email details to kim@wmtc.com.au with date of birth prior to rehearsals commencing.**

SIGNATURE _____

(IF YOU ARE UNDER 18 PLEASE HAVE PARENT OR GUARDIAN SIGN)

NB: The Production Team reserves the right to final decisions regarding casting of the production.