



Audition Booking Form

Name: _____ DOB _____ Age _____

Address: _____

Parent/Guardian name : _____

Parent/Guardian Mobile Phone: _____

Parent/Guardian Email: _____

Please indicate your 3 top preferences for audition times

Sunday 19th Nov 1pm [] 2pm [] 3pm [] 4pm []

Monday 20th Nov 6pm [] 7pm []

Which role/s are you interested in?

Lead [] Supporting [] Ensemble [] Featured Dancer []

List any previous experience

Are there any dates when you will be unavailable during the rehearsal period?

Please indicate how you would like us to contact you about the outcome of your audition?

Email [] Text []

I agree to refrain from any comments on social media regarding auditions or casting of Forever Treaaure Island until after the cast is announced on the WMTc Facebook page - please sign

Please email to forevertreasure@wmtc.com.au

