



AUDITION FORM

MOANA JR

NUMBER:

(Provided at the audition)

PERSONAL DETAILS

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____.

MOBILE PHONE (Parent/Caregiver Number Only):

EMAIL (Parent/Caregiver Email Only):

Are there any medical conditions / emergency medication we should be aware of while you are in our audition?

Emergency contact person during the audition:

Name: _____ Number: _____

PRODUCTION DETAILS

I am auditioning for:

ENSEMBLE ONLY

ENSEMBLE + LEAD/CHARACTER

Please answer the following if you are applying for lead/character roles:

PREFERRED ROLE: _____

If not selected for your preferred role, are you prepared to play another role Y / N

If yes, what other roles:

PREVIOUS STAGE EXPERIENCE (Past 3 years)

SHOWS – COMPANY – ROLE – YEAR

TRAINING & SKILLS

VOCAL RANGE (circle): Soprano Mezzo Alto Tenor Bass Unknown

Can you read music? (circle): Confidently A little bit No experience

Regarding the following training areas, how long have you had tuition, what type/genre and who with?

VOCAL: _____

DANCE: _____

ACTING: _____

Do you have any other special skills we should know about? (eg acrobat, instrument).

Do you have any pre-existing injuries that will require consideration for the role you are auditioning for?

Injury/adaptation: _____

TERMS & CONDITIONS

- I am aware that if successful in my audition, I have committed to attending ALL rehearsals and production dates required (as outlined in the information pack) and understand that my absence could result in me being withdrawn from the show.
- I agree to make myself available for all required publicity and promotional events.
- I give permission for the producers to take photographs during the audition sign in process to be used for the purpose of casting. If successful in my audition, these photos will be distributed as needed to relevant parties involved in the production (ie Wardrobe).
- I understand that auditions will be video recorded for the purpose of casting and will be destroyed once the show is cast.
- I give permission for the producers to take photographs and make video or sound recordings of me and use these for publicity and promotion of future productions.
- I give permission for my details to be provided to persons that require them for distribution of information.
- I give permission for my details to be provided to persons that require them for the purpose of medical treatment.
- If successful in my audition I will need to complete the detailed medical form for the production.
- I understand that there may be vaccination requirements according to changing legislation within State laws.

Applicant signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Please print and complete all 3 pages of the audition application form and bring with you to the audition.