



Please attach a photo

CHICAGO AUDITION APPLICATION

PERSONAL INFORMATION

Name of Participant:

Address:

.....

Email address:

Date of Birth:..... Age on 27 August 2019:.....

Contact Number for Participant:

Name of Parent(s)/Guardian(s):

Contact Number(s) for Parent(s)/Guardian(s):

Name of School / College / University:.....

Local Council Authority where you live:

AUDITION INFORMATION

Area of interest (please tick)

Ensemble (aged 14-18) Principal (aged 14-18)

Please tick the session you have booked to attend:

Saturday 27 April

9.30am - Registration
9.45-11.30am - **Workshop 1**

11.45am - Registration
12pm-1.45pm - **Workshop 2**

Sunday 28 April

9.30am - Registration
9.45-11.30am - **Workshop 3**

11.45am - Registration
12pm-1.45pm - **Workshop 4**

ABOUT YOU

Will you have performed in a show for more than 3 days in the 6 months prior to the project? (Give details - please note this includes school plays and amateur dramatics)

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.....

Please give details of recent relevant experience:

.....
.....

Do you have any specialist skills you would like us to be aware of?

(eg. I am a good juggler, a gymnast etc)

.....
.....

MEDICAL INFORMATION

Please give details of any medical conditions that the participant has, including allergies:

.....
.....

GENERAL PERMISSIONS

I give permission for the participant named above to be photographed for archive, filmed, marketing and promotional activity.

Yes No

I give my permission for the participant named above to appear in filmed footage of the show, which may be sold to participants and the general public.

Yes No

Who will be the main contact for all email correspondence related to the project?

This is for you to select your mailing options (please circle)

Participant only Parent/Guardian only Both

Please sign below to confirm that the details you have written are correct.

Signed:Relationship to the Participant:

Date: