



West Side Story

Audition Form



Performer's Details

Name _____ Age _____ Date of Birth _____

Address _____

Post Code _____ Email _____

Mobile _____ School/College _____

I am auditioning for: (*character name(s)/ensemble*) _____

I would be prepared to take another role: (*please circle*) YES NO

I would also like to be considered for the ensemble: (*please circle*) YES NO

Audition feedback will be provided by email unless you specify otherwise



Past Experience (*with roles, if applicable*)

Dance: _____

Drama: _____

Singing: _____

Please give details of any unavailable rehearsal dates, including holidays booked between now and 20th March 2011, other shows, other commitments etc

If you will be sitting GCSEs or A Levels, please list your exam dates (if known)

We will ensure you will be excused from rehearsals for exams

Parent/Guardian Contact Details – please complete the remainder of this form

Name _____ Email _____

Home telephone _____ Mobile _____

Emergency Contact 1

Name _____ Telephone _____

Emergency Contact 2

Name _____ Telephone _____

Any medical or other special requirements?

We will be holding a meeting for any adults interested in being involved with **West Side Story** and CYTC in general, on Tuesday 28 September at 7:15pm –

Would you like to receive more information? (Please circle) **YES** **NO**

We may need to take photographs/filming for publicity and administration purposes; please sign below to say that you agree to your performer's image being taken and used for these purposes.

Signed _____ Date _____

Please bring this form, fully completed to your audition