



Ulverstone Repertory  
Theatre Society inc

*Bringing the Performing Arts to the North-West Coast*

P.O. Box 555 Ulverstone 7315

ABN 83 211 271 202

[www.ulverstonerep.com.au](http://www.ulverstonerep.com.au)

## Audition form

**Production** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Your Home Phone# \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Your email (please print) \_\_\_\_\_

Parent Mobile No. if under 18 \_\_\_\_\_

Parent email if under 18 \_\_\_\_\_

Parent name if under 18 \_\_\_\_\_

Photo required YES

NO

Previous Acting/Dancing/Singing Theatre experience and any Formal Training.

In the event you do not get a part, would you still be interested in remaining involved with the production on any of the following areas? (Please tick all that interest you.)

Stage Manager

Lighting

Sound

Stage Crew

Make-up

Costumes

Ushering

Advertising/Publicity

Ticket/Box Office

Please list all conflicts you have between now and the Performance Date and whether they are flexible or not.

(Rehearsal schedule will be provided soon after the auditions)

List any roles/parts you are particularly interested in:

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List any parts/roles that you DO NOT WANT

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Notes:

Upon acceptance of a role, membership of the Ulverstone Repertory Society must be paid prior to, or at the first rehearsal. Fees are set at the A.G.M. and may occasionally change. You will be notified.

All participants must become members of the society to be covered by our Public Liability and Accident Insurance policy.

Membership to be paid at or before the first rehearsal.

The director or producer will email or give participants a paper copy of the membership form.

Role allocated \_\_\_\_\_

Date \_\_\_\_\_

Role accepted/Rejected \_\_\_\_\_