

## SISTER ACT AUDITION FORM

I am auditioning for the role(s) of:

First Name:		Last Name:	
Home Address:			
Postal Address (if different from above):			
*Gender:	*DOB:	*Height:	
<i>Occasionally, IMT may have to call an audition based on gender and or age. The information marked with an asterisk (*) is for that purpose and may or may not have any bearing on the casting of this production.</i>			
Next of Kin :			
Home Phone:		Work Phone:	
Cell Phone:			
Email:			
The best way to contact me is:			
<input type="checkbox"/> HM Phone <input type="checkbox"/> WK Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email			
How late can we call?			
Hair Colour:		Prepared to dye hair colour? Yes/No	
I am a (Soprano, Tenor etc.): (if known)		My vocal range is from:        to (if known)	

**Please detail in full any times (Hours/Days) you would be unavailable to attend rehearsals:**

**If you are not selected for your chosen part, would you consider another part?**

**What formal acting training have you had? Please list qualifications, if any.**

**What formal singing training have you had? Please list qualifications, if any.**

**What formal dance training have you had? Please list qualifications, if any.**

I understand the 2017 season of Sister Act I am auditioning for commences on Friday 7<sup>th</sup> July 2017 and closes on Saturday 22<sup>nd</sup> July 2017. However, this season may be altered or extended at the discretion of the Producer.

If successful in my audition for Sister Act I agree to:

- Become a Financial Member of the Invercargill Musical Theatre Inc. (This will involve any non-financial Cast Member paying a membership fee of \$25/\$10 Students directly to Invercargill Musical Theatre Inc.)
- Not accept any further commitments that could interfere with my attendance at rehearsals or the show season.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A CURRENT HEADSHOT PHOTOGRAPH AND BRING TO AUDITION.**