

*Simply the Best in Musical Entertainment*



## AUDITION QUESTIONNAIRE

**The Apollo Players** would like to welcome you to our Rehearsal Studio and thank you for your interest in becoming a member. Please complete in **BLOCK CAPITALS**.

SURNAME																								
FIRST NAME(S)																								
ADDRESS																								
POST CODE																								
PHONE: HOME																								
PHONE: WORK																								
PHONE: MOBILE																								
EMAIL																								

AGE: \_\_\_\_\_

MALE / FEMALE

HEIGHT: \_\_\_\_\_

Please state singing range if known: \_\_\_\_\_

Do you intend to audition for a principal role? YES / NO / MAYBE

If yes, please state which character: \_\_\_\_\_

Do you wish to be considered for any other role? YES / NO

Are you prepared to understudy? YES / NO

I give permission for my photograph to be taken for use on the Apollo Players website and for archival purposes: YES / NO

**\*Parents/Guardians:** I give permission for my son/daughter's photograph to be taken for use on the Apollo Players website and for archival purposes: YES / NO

Name:

Relationship:

Sign:

Please give details of any holidays/work commitments/hobbies/any other clubs that may prevent you from attending rehearsals:

Please detail your previous experience below:

SHOW	ROLE	COMPANY	DATE

Please detail any training you have had below, including dates:

<b>ACTING</b>	
<b>SINGING</b>	
<b>DANCING</b>	

How did you find out about this audition? \_\_\_\_\_

If required, would you be able to supply your own costume / props? YES / NO

Please give details of the person who should be contacted in case of an emergency:

SURNAME																							
FIRST NAME(S)																							
PHONE NUMBER																							
RELATIONSHIP																							

Please state any medical conditions that may affect you during rehearsals (e.g. epilepsy, diabetes etc): \_\_\_\_\_

I would like to be added to the Apollo Players mailing list: YES / NO

**All information is held in accordance with the Data Protection Act 1998**

Thank you for taking time to fill in this form. *Break a leg!*