



Arcadians Theatre Group

AUDITION FORM



Name: DOB: Sex:
 Address: School (if applicable):
 P/C:
 Occupation: Email:
 Phone: (home) (work) (mobile)
 Height:cm Voice Part: Vocal Range (if known) Low: High:

Previous theatrical experience You can attach your own show resume

Year	Role	Show	Group

I wish to audition for the parts (in order of preference) of:

1.	2.
3.	4.
5.	6.

I would consider taking a different role, if offered. I am willing to take any role (Chorus).

Conditions of Auditioning

Prior to auditioning you will be asked to complete and sign an audition form. By signing this form you are agreeing to a commitment to the show, which includes the following:

1. I understand that if my audition is unsuccessful I must accept and respect the final decision of the production team. Any further discussion about the audition process must be made formally through the Committee.
 2. I will be available for rehearsals on the days and times scheduled by the Director.
 3. If I fail to attend more than two rehearsals without approval from the production team my role in the production could be terminated.
 4. I am available for the whole season of the show.
 5. I understand that I am part of a team and am required to attend occasional working bees to assist the progress of the show.
 6. I may be asked to arrange to complete aspects of my own costumes.
 7. I understand that my commitment to the show is complete and the "show must go on".
 8. I understand that my costumes, makeup and hair designs will be determined by the respective production staff and I agree to abide by their artistic requirements.
 9. I understand that if I am selected for the cast, I will be required (if there are children in the cast) by the Arcadians Theatre Group to complete A Working With Children Check in compliance with the NSW Office of the Children's Guardian legislation.
 10. I agree to pay the appropriate fees to join and be a member of the Arcadians Theatre Group. As a member, I am bound by the Rules and By-Laws of the group. Upon cessation of my membership; I have no claim against the assets of the Group.
 11. Punctuality to all rehearsals, events and performances will be expected.
 12. I will be responsible for the condition of any items allocated to me as part of the production (e.g. Costumes). I will be responsible for paying the replacement cost for any lost and damaged items.
- If you cannot comply with all these requirements, please discuss with the secretary prior to auditioning.

Signature _____



Arcadians Theatre Group Conflicts Form for Downtown!



Please identify where you have conflicts that might prevent you from attending rehearsals. If you could attend rehearsal but might be late please mark the time you would arrive. If you might have to leave early mark that as well. This will assist us with the rehearsal planning process. Rehearsals are shaded.

MARCH						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
11	12	13 7.30-10.30	14	15 7.30-10.30	16	17
18	19	20 7.30-10.30	21	22 7.30-10.30	23	24
25	26	27 7.30-10.30	28	29 7.30-10.30	30	31`

APRIL						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3 7.30-10.30	4	5 7.30-10.30	6	7
8	9	10 7.30-10.30	11	12 7.30-10.30	13	14
15	16	17 7.30-10.30	18	19 7.30-10.30	20	21
22	23	24 7.30-10.30	25	26 7.30-10.30	27	28
29	30					

MAY						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Mulan		1 No rehearsal	2	3 Photos TBC	4	5
6	7	8 7.30-10.30	9	10 7.30-10.30	11	12
13 10am-4pm	14	15 7.30-10.30	16	17 7.30-10.30	18	19
20 10am-4pm	21	22 7.30-10.30	23	24 7.30-10.30	25	26
27 10am-4pm	28	29 7.30-10.30	30	31 7.30-10.30		

JUNE						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3 10am-4pm	4	5 7.30-10.30	6	7 7.30-10.30	8	9
10 10am-4pm	11 Tech	12 Tech	13 Tech	14	15	16
17	18	19	20	21	22	23

SHOW SEASON – June 15-23