



Arcadians Theatre Group

AUDITION FORM

Name: Age (if under 18):..... 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 (if insufficient space, please use the back of the sheet to add further details.)

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 may be required 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 set by
11. the management committee from time to time. As a member, I am bound by the Rules and By-Laws of the group laid down from time to time and, upon cessation of my membership; I have no claim against the assets of the Group.
12. Punctuality to all rehearsals, events and performances will be expected.
13. 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.

Signed:.....

Date:.....

I give my permission for my son/daughter to be in this production.

(SIGNATURE OF PARENT/GUARDIAN - for those under 18 years old) Date:



Arcadians Theatre Group

Wicked

Conflicts Form

Please mark all **unshaded** dates when you have conflicts that would prevent you from attending rehearsals. If you could attend rehearsal but would be late please mark the time you would arrive. If you would have to leave early mark that as well:

May						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2 From 7pm	3	4 From 7pm	5	6
7	8	9 From 7pm	10	11 From 7pm	12	13
14	15	16 From 7pm	17	18 From 7pm	19	20
21	22	23 From 7pm	24	25 From 7pm	26	27
28	29	30 From 7pm	31			

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

July						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						1
2 10AM-3PM	3	4 From 7pm	5	6 From 7pm	7	8
9 10AM-3PM	10	11 From 7pm	12	13 From 7pm	14	15
16 10AM-3PM	17	18 From 7pm	19	20 From 7pm	21	22
23 10AM-3PM	24	25 From 7pm	26	27 From 7pm	28	29
30 10AM-3PM	31					

August						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1 From 7pm	2	3 From 7pm	4	5
6 10AM- 3PM	7 TBC	8 From 6pm	9 From 6pm	10 From 6pm	11 From 6pm	12 From 12pm
13 From 9am	14 From 6pm	15 From 6pm	16 From 6pm	17 From 6pm	18 From 6pm	19 From 9am