

Rosebud Astral Theatre Society Inc
Audition Application

Name _____

Address _____

Phone No. _____ Age _____ D.O.B. _____

Voice Type (Please circle applicable) Soprano / Alto / Tenor / Bass / Don't Know

What part are you Auditioning for? _____

Previous Experience _____

Code Of Conduct:

- 1.) All performers need to be paid up members of Astral Theatre and your subscription will need to be paid within the first month of signing on for this show.
- 2.) Our Rehearsal Venues are alcohol and tobacco free environments. There is to be no smoking inside the buildings and no drinking of alcohol at any rehearsal.
- 3.) Any costume or property provided to you by Astral theatre for this show remains the property of Astral and will need to be returned at the conclusion of the show.
- 4.) In keeping with the general ethos of Community Theatre, no person or persons performing in or helping with this production will be paid any fee.
- 5.) Keeping in mind that everyone in the production is here for a good time and to enjoy themselves, persistent delinquent behaviour will not be tolerated.

I have read and understand these conditions and wish to apply for an audition.

Signature _____ Date _____

E-mail address (If applicable) _____