

6. AUDITION INFORMATION SHEET FOR *Little Shop of Horrors*

NAME:	
ADDRESS:	
D.O.B: AGE:	
PHONE:	HOME: MOBILE:
EMAIL:	
PREVIOUS EXPERIENCE	
ACTING:	
SINGING:	
DANCING:	
ROLE FOR WHICH YOU ARE AUDITIONING:	
ARE YOU HAPPY TO ACCEPT ANY ROLE GIVEN?	YES NO
WOULD YOU LIKE TO HELP BEHIND THE SCENES?	YES NO
DO YOU OBJECT TO BEING PHOTOGRAPHED AND THE PHOTOS BEING USED IN DISPLAY OR ADVERTISING?	YES NO
SIGNED:	
DATE:	

NOTE: Membership fees must be paid prior to the commencement of the first rehearsal.