## TO BE COMPLETED BY PARENT / GUARDIAN (IN BLOCK CAPITALS)



AUDITION	
NUMBER	
	<u> </u>

Name Of Person Auditioning:		Date of Birth (Of person auditioning):	D D M N	ЛУУУ
Name Of Parent/Guardian:		Gender Auditionee	e Identifies With: Male	Female Non-Binary
Full Postal Address: (All offer letters are sent via post please complete care	efully)		ii	ii
STREET ADDRESS	Email:			
I LOVIN	By pro School Attended:	oviding your email you are ag	reeing to receive information	n about forthcoming shows
COUNTY	perience: Please	list details of any previous sh	ows, dance or drama exams	s on the reverse of this form
Mobile:  Please tick if you are happy to receive texts about upcoming	Please note the his fee contributes costumes and so There are	and or video of each appli at a show fee, currently £1 towards licencing costs of sets, and costs of an exper e no additional costs payal	79.00, is payable by all suc the show itself, hire of the ienced production and tec ble in being a part of a RAF ack on an applicant's perf	ccessful applicants. eatre and rehearsal venue, chnical support team. RE Production. formance at the audition.
Facebook Instagram Theatre	/ No e Adverts	For Staff Use Only: Singing: R C M  Dancing: R C M  Acting: R C M	Address Checked	Mobile Checked