



Whangarei Repertory Society Incorporated Audition Form

Production: _____

*Required fields

<i>First Name*</i>	<i>Last Name*</i>
<i>Address 1*</i>	<i>Address 2*</i>
<i>Address 3</i>	<i>Landline*</i>
<i>Mobile*</i>	<i>Email</i>

Auditioning for Preferred Role

PREVIOUS EXPERIENCE

<i>Where</i>	<i>When</i>	<i>Character</i>

Please indicate the days and times that you are available for rehearsals:

Day	Tick if available	Time
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	

NB: By submitting this form, you UNDERSTAND and AGREE TO THE FOLLOWING: If you are successful in becoming a member of the cast or crew of any production, you MUST become a financial member of Whangarei Repertory Theatre Society Inc (if you are not already) by the SECOND WEEK of rehearsals and you MUST ABIDE by the Society's rules, especially those involving Health and Safety.

Single membership fee is currently \$20.00 per calendar year/Family membership \$30.00 pcy