



Whangarei Repertory Society Incorporated Audition Form

Production Title: _____

*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>
EMERGENCY CONTACT	
<i>Name*</i>	<i>Relationship*</i>
<i>Landline</i>	<i>Mobile*</i>
HEALTH & SAFETY	
<p><i>The Health & Safety Act requires us to identify hazards and provide a safe place to work. A person's medical or physical state may pose a hazard for that person and/or other volunteers. Have you any medical or physical condition which may affect your carrying out your role as a volunteer which may be aggravated by your working with us or which we should be made aware of? If so, please comment.</i></p>	

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