



THE HILLS MUSICAL SOCIETY INC.
THE SECRETARY C/- PO Box 2698, CARLINGFORD NSW 2118.

Audition Application

Production: _____

Desired Role/s: _____

Are you interested in an ensemble role if you are unsuccessful in the above? YES / NO *(please circle)*

Name: _____

Address: _____

_____ Postcode: _____

Telephone Number: (Home) _____ (Mobile) _____

Email: _____

Age: _____ Height: _____ Occupation: _____

Recent Experience: _____

Dance Experience/Styles: _____

Vocal Range or Voice Type: _____

Will you be involved in any other show/activity that will prevent you from attending any rehearsal(s)? YES / NO *(please circle)*

If YES, give details: _____

Are you currently a financial member of this society? YES / NO *(please circle)*

PLEASE INCLUDE A PORTRAIT PHOTO WITH YOUR APPLICATION – PHOTOS WILL NOT BE RETURNED

I agree to:

- ◆ Auditions being videotaped for the use of the audition panel to assist in casting decisions
- ◆ Attend rehearsals each Tuesday and Thursday night and at other times as outlined on the rehearsal schedule
- ◆ Appear in every performance of the show
- ◆ Be available for dress rehearsals and continuity rehearsals
- ◆ Attend and assist with bump-in and bump-out
- ◆ Attend promotional events as required
- ◆ Participate in working bees
- ◆ Become a financial member of the Society at a cost of **\$15**
- ◆ Pay a show fee of **\$85**

Signature: _____ Date: _____