



AUDITION FORM

Member Details

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Are you under 18 Years of age? **Yes** **No** *If yes, a parent/guardian must co-sign and agree to the information attached.*

For what role(s) are you auditioning?

Previous Experience

Skills / Areas of Interest

Please sign and bring this form with you to your audition.

Signature(s): _____ **Date:** _____

Availability

There will be two to three rehearsals per week, usually including Sundays. Times and days will be negotiated with the successful cast. You are expected to give 100% participation – being in a play requires dedication and teamwork. You are respectfully asked not to audition if you feel you are unable to make such a commitment.

Please Note

Involvement with Javeenbah in any capacity requires you to become a financial member.