

COTSWOLD PLAYERS AUDITION FORM

PRODUCTION: <i>(to be completed by Director)</i>	
PERFORMANCE DATES: <i>(to be completed by Director)</i>	
NAME: ADDRESS:	MOBILE: LANDLINE: EMAIL:
AGE: (If 16 or under 16, please see additional consent form) HEIGHT:	
RECENT THEATRICAL EXPERIENCE?	
ROLE/S YOU ARE AUDITIONING FOR?	
WOULD YOU ACCEPT ANOTHER ROLE? WOULD YOU ACCEPT A SMALL OR WALK-ON ROLE? IF WE WERE UNABLE TO OFFER YOU A ROLE, WOULD YOU BE INTERESTED IN HELPING BACK STAGE? If YES, please state preferred area.	
Are you currently a Member of the Cotswold Players? YES/NO	
PLEASE STATE ANY KNOWN DATES WHEN YOU ARE UNAVAILABLE TO REHEARSE:	