



**WILLIAMSTOWN
MUSICAL
THEATRE
COMPANY**

Office use only.

ALADDIN JR AUDITION FORM

\Please take the time to complete all details **CLEARLY.**
Parent / Guardian contact details must be provided if auditionee is under the age of 18.

Parent / Guardian Name: _____ Parent / Guardian Contact Number: _____

Name: _____ Date Of Birth: ___/___/___ Age: _____

Sex: Male / Female (*please circle*) Phone (H): _____ (W): _____

Address: _____ Mobile: _____

Suburb: _____ Post Code: _____ Email Address: _____

How did you find out about 'WMTC Inc' Auditions? _____

(Please tick at least one of the following)

- Please consider me for this/these principal role/s _____
- If unsuccessful in obtaining a principal role, I would accept an alternative role and/or ensemble
- Please consider me for a minor role ONLY
- If I am unsuccessful in obtaining a role in this production, I would be willing to assist with backstage/FOH/lighting etc

PREVIOUS THEATRE EXPERIENCE

(Please complete the following or attach a brief resume)

Year	Show	Role	Company

VOCAL: Type / Range (if known): _____

On a scale of 1-10 (10-Very Good, 1-Not at all).

Trained With / Yrs: _____

How well do you read music? _____

Trained With / Yrs: _____

How well do you hold harmonies? _____

DANCE:

DANCE STYLES: (please list styles studied)

Trained With / Yrs: _____

Trained With / Yrs: _____

Additional Skills (Eg. Musical Instrument / Acrobatics)

Please list any past/current injuries or restrictions that may affect your ability to rehearse / perform:

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING QUESTIONS

Would you like to join our mailing list? **Yes / No**
 Are you willing to cut/grow your hair? **Yes / No**
 Are you willing to colour your hair? **Yes / No**

Are you available Monday and Wednesday evenings (from 7:30pm) and Sunday afternoons from 1:00pm, commencing Wednesday 29th May 2019? **Yes / No**

Please list any other commitments you have during the rehearsal period:

Are you in, intending to audition, or be involved in another show during May to August 2018? **Yes / No**

If so, please indicate involvement: _____

Are you available for:

- | | |
|--|-----------------|
| 1. The First Rehearsal on Wednesday 29 th May 2019 from 7.30pm? | Yes / No |
| 2. Bump In/ Technical Week: Saturday 27 th July to Monday 29 th July? | Yes / No |
| 3. Dress Rehearsal/ Preview Night: Tuesday 30 th July to Thursday 1 st August? | Yes / No |
| 4. Performance Dates: Friday 2 nd August to Sunday 11 th August? | Yes / No |

I am aware that, if successful in my audition I agree

- To become a financial member of Williamstown Musical Theatre Company Inc., and will pay the applicable fees. Payment plans can be discussed with the Treasurer.
- I have committed to attend all rehearsals and production dates required of me and understand that my absence from these could necessitate my replacement and withdrawal from the show, unless previously discussed with and approved by the Williamstown Musical Theatre’s Committee and the Director of the production.
- I will be required to assist with set construction and set painting, costumes and props.
- That I may be required for publicity and promotional purposes.
- To sell a minimum of 20 tickets.

FEES

WMTC Membership -	\$25
Show Fee -	\$125
TOTAL	\$150

**All cast will be required to supply their own make-up, hosiery and shoes for the show (at their own expense)

**Note the show fee includes a production photo cd given to all cast members at the end of the season.

Williamstown Musical Theatre Company Inc (WMTC), in the course of its business, collects certain information relating to members and auditionees. WMTC guarantees that it will:

1. Keep confidential and ensure that its committee and/or agents keep confidential, the data collected and take all steps as may be necessary to safeguard the confidentiality of the data;
2. Not disclose the data to any person unless disclosure is necessary for the provision of the services provided by WMTC; or has been requested and authorised by the member/auditionee; or is required by law;

I agree to abide by all the above-mentioned conditions and the Constitution and Company Policies of Williamstown Musical Theatre Company Inc.

Signed: _____ Date: ___/___/___

(Parent or Guardian to sign if auditionee is under 18)