



Nash Theatre *NEW FARM*

AUDITION FORM

NAME :

AGE (or ACTING AGE RANGE) :

ADDRESS :

..... POSTCODE :

PHONE/ MOBILE :

EMAIL (Please PRINT clearly) :

PREVIOUS EXPERIENCE (A brief list of your most recent roles or attach a separate resume)

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I am auditioning for the following roles:

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If selected for a role, I shall **NOT** be able to attend rehearsals on these days/dates:

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If **NOT** selected for a role, I am interested in being involved in the production in some other capacity. (E.g. FOH, backstage, costume/set construction, make-up etc.)

Yes No

NB. If selected for a role, I understand that I am required to become a financial member of New Farm Nash Theatre Inc. prior to or at the first rehearsal. I understand that Nash Theatre has the right to re-cast the role should membership not be duly paid by the required time.

I also understand that should I be cast in a role; I will provide evidence of being COVID-19 vaccinated at the first rehearsal.

SIGNATURE..... DATE.....