

**ABBHEY MUSICAL THEATRE (AMT)**

**AUDITION FORM**



**(All auditionees are to complete and return this form to the Production Secretary)**

NAME:	Telephone (Day):	Telephone (Evening):
	Cellular:	Fax:
Email Address:		
ADDRESS:		
DATE OF BIRTH:	Are you a member of AMT? YES / NO	Membership No:

**(This section MUST be CORRECTLY completed)**

PRODUCTION YOU ARE AUDITIONING FOR:
Part(s) in production that you wish to audition for (in order of preference):
(1) (3)
(2) (4)

If not auditioning for a principal part or you are unsuccessful in your audition for a principal part, will you audition for:	Chorus: YES / NO
Particulars of previous onstage experience:	

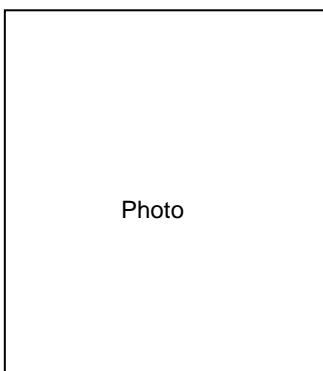
Singing Key:	Tenor ( )	Soprano ( )	Baritone ( )
		Alto ( )	Bass ( )

Please list any commitments you have between the start of rehearsals and the end of the show:

If you were not successful in your audition, would you like to be involved in the production in some other way? If so, please state:

Particulars of previous offstage experience:

If I am involved in this production, in any way, I agree to become a financial member of the Abbey Musical Theatre by the first rehearsal.  
I also allow the Abbey Musical Theatre and its officials to use the information give above for purposes directly related to the show and the business of the Abbey Musical Theatre.



Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_