

**ABBHEY MUSICAL THEATRE (AMT)**

**AUDITION FORM**



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

NAME:	Telephone (Day):	Telephone (Evening):
	Mobile:	Fax:
E-MAIL 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, would you be interested in being a part of the Chorus: YES / NO
Particulars of previous onstage experience:

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

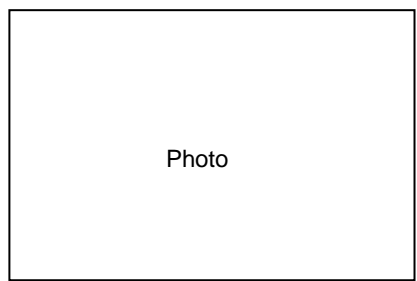
Please list any commitments you have between the start of rehearsals and the end of the show:

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:

**PLEASE NOTE**

- If I am cast in this production, I agree to become a financial member of Abbey Musical Theatre by the first rehearsal.
- If cast in this production, cast members may be required to purchase or provide appropriate footwear.
- I allow Abbey Musical Theatre and its officials to use the information above for purposes directly related to the show and the business of Abbey Musical Theatre.



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

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