Graphical user interface

Description automatically generated with medium confidenceText

Description automatically generated

**PERFORMERS THEATRE COMPANY**

Matilda Jr. Audition form

*Please complete all sections.*

|  |  |
| --- | --- |
|  |  |

## Child Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth: |  | Year group: |  |

|  |  |
| --- | --- |
| School Name: |  |

## Medical Information

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child have any allergies? If yes, please give details in the box to the right. | YES | NO |  |

|  |  |  |
| --- | --- | --- |
| Does your child have asthma? If yes – please state in the box to the right if they have an asthma pump. | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Is there anything else you need to tell us about your child with regards to their welfare? If yes, please give details in the box to the right. | YES | NO |  |

## Parent/Guardian Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/ Guardian 1** Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Relationship to child: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/ Guardian 2** Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Relationship to child: |  |

## Casting information

Important: When arriving at Park Community School, you will be given a sticker with a number on. This will be the order in which you will go in to audition. Once you are called in, you **must** bring this form with you.

Insert photo of your child below.

Playing age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditioning for the role of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_

Shoe size: \_\_\_\_\_\_\_

## Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm you have read the Character Descriptions and are aware of what your child is auditioning for. | YES | NO |  |

|  |  |  |
| --- | --- | --- |
| Please confirm you have read the Performers Theatre Company Production Code of Conduct, signed by both adult and child. | YES | NO |

|  |  |  |
| --- | --- | --- |
| We take your privacy very seriously as part of our GDPR company policy. We will only use your data to administer your child’s enrollment and to communicate with you about Performers. Please confirm you consent to this. | YES | NO |
|  |  |  |
| I agree that I may be considered for a role that is different to the one I originally auditioned for. | YES | NO |

## Director’s Use only

|  |  |
| --- | --- |
| **Acting** | **Singing** |
| **Stage Presence** | **Any other notes?** |

Call back:

|  |  |
| --- | --- |
| YES | NO |