



Attach your photo here

AUDITION APPLICATION – STRICTLY BALLROOM!

| | | | _ |
|---|--|--|-------------------------------------|
| Contact: Peter & Margaret Wills · peter@footlightproductionsvic.com.au · 0409 969 648 | | | PLEASE NOTE: |
| Please print | fill out this form and bring it with y | ou to your audition. | photos will not be returned |
| NAME | | | _ |
| ADDRESS . | | | _ |
| | | | POSTCODE |
| AGE | | | |
| EMAIL | | | |
| What is you | · vocal range? | | |
| - | ☐ contralto ☐ tenor ☐ ba | ritone 🛘 bass | |
| What role/s | are you auditioning for? | | |
| □ yes □ | , , , | t a role in the ensemble if unsuccessful ce: | in gaining a principal role? |
| YEAR | COMPANY | PRODUCTION | ROLE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| have any co | mmitments which would prevent y | nesday evenings and during the day of the day of the day of the day of the decision team to plan rehearsals according to the decision team to plan rehearsals. | hese commitments will not impact on |
| Production | team notes: | | |
| | | | |