

AUDITION FORM



The Midnite Youth Theatre Company

THE COMEDY OF ERRORS

NAME: _____ Year: _____

MOBILE: _____

SCHOOL: _____

email: _____

Parent email: _____

REHEARSALS

- MONDAY 3.30pm to 5.30pm
- THURSDAY 3.30pm to 5.30pm
- SUNDAY 2pm to 5pm

All rehearsals will take place at Christ Church Grammar School.

4 PERFORMANCES TAKE PLACE AS PART OF THE 2025 SEASON:

Wednesday 21 May 7pm

Thursday 22 May 7pm

Friday 23 May 7pm

Saturday 24 May 7pm

PERFORMANCE VENUE:

Drama Centre, Christ Church Grammar School

THE MIDNITE YOUTH THEATRE COMPANY understands that unexpected commitments may arise during the production and will make every effort to accommodate them but the company expects a high level of commitment from all cast members.

PLEASE LIST ALL REHEARSAL DATES YOU ARE UNAVAILABLE:

YOUR DRAMA/THEATRE/MUSIC/ DANCE/ PERFORMING EXPERIENCE:
(OR Attach)

OTHER SKILLS/ TALENTS/ INTERESTS ()

- Singer
- Dancer
- Instrument
- Gymnastics
- Acrobatic

I INTERESTED IN PLAYING

- Lead role
- Supporting Role

Character: _____

NON CCGS STUDENTS ONLY to complete:

Personal Information and Emergency Contact Details

This information is for administration use only. It will remain private and confidential. Please complete the information below in as much detail as possible.

NAME: _____

HOME PHONE NUMBER: _____

EMAIL: _____

PARENT EMAIL: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT NUMBER: _____

MEDICAL INFORMATION:

Please complete the following to assist us in case of a medical emergency.

FAMILY G.P AND PRACTICE: _____

PHONE NUMBER: _____

Please tick the following if any are applicable. Please give specific details where required:

Do you have Asthma? If so, please state severity (H = high, M =medium, L = low risk)

Do you have an allergy? If so, please give details and severity (H=high, M = medium, L = low risk) _____

Are you taking any medication which paramedics may need to be aware of in the case of an emergency? If yes, please name the medication:

Any other conditions we must be aware of to ensure your safety at auditions/rehearsals and performances? If yes, please state and give any information which would assist:

THANK YOU FOR YOUR TIME IN COMPLETING THESE DETAILS. THEY WILL REMAIN CONFIDENTIAL AND WILL BE DESTROYED AT THE END OF THE EVENT.

I give permission for my child to attend this event. Emergency Contact details below.

Parent/Guardian name: _____ (please print)

Parent/Guardian signature: _____ Date: _____