



The Fisher Youth Theatre Group Audition Form

**ATTACH YOUR HEADSHOT PHOTO
SECURELY USING STAPLES OR CLEAR
TAPE**

FIRST NAME	LAST NAME	AGE	MALE/FEMALE
TELEPHONE NUMBER	EMAIL ADDRESS	TOWN OF RESIDENCE	
HEIGHT	SHOE SIZE	CLOTHING SIZE	

PLEASE READ THE FOLLOWING STATEMENT AND THEN SIGN BELOW

I HAVE READ THE REHEARSAL/PRODUCTION SCHEDULE AND I AM AVAILABLE ON ALL THE REQUIRED DATES FOR THE SUMMER 2012 PRODUCTION AND I CAN CONFIRM THAT MY FAMILY AND I WILL BE RESPONSIBLE FOR INFORMING MY DIRECTOR IN WRITING OF ANY CONFLICT.

MEMBER SIGNATURE IF OVER 16 YEARS _____

PARENT SIGNATURE REQUIRED _____

DATE _____

PRODUCTION FEE AND SCRIPT CHARGE DUE BY END OF 2ND SESSION.

If you decide not to take part after casting in week 3, you can get your fees and script money back FOR ADMINISTRATION PURPOSES PLEASE ADVISE BELOW IF YOU INTEND TO APPLY FOR A BURSARY FOR THIS TERM, EVIDENCE CONFIRMING ELIGIBILITY WILL BE REQUIRED, LIMITED SUBSIDISED PLACES AVAILABLE ON A FIRST COME FIRST SERVED BASIS

I WILL / WILL NOT BE APPLYING FOR A BURSARY PLACE