

MUSICAL THEATRE YOUTH COMPANY

Application Form

Please complete the form as fully as possible, but do not worry if you have little experience as all decisions will be based on the audition, all information helps to create a full picture in order to inform our decision. Thank you.

(Please complete in BLOCK CAPITALS)

Name:	
Date of Birth:	Gender:
Address:	
Home Number:	
Mobile Number:	
Email Address:	
Parent or Guardian Name:	
Relationship to candidate:	
Any additional addresses/contact details:	
Current academic school and year:	
How did you hear about this course?	
Performing experience:	
Current/previous training:	

Do you play any musical instruments?

If yes, please list which instruments and what standard you have reached

Do you have any special skills?

Eg. Gymnastics/Circus Skills/ Skating etc. Please list.

Do you have any medical conditions which may affect your ability to train or may require assistance on the day of the audition? I.e. Chronic allergies requiring an EpiPen or chronic asthma. This is for information only and will in no way affect the result of your audition.

Declaration:

I confirm that, to the best of my knowledge, the information given is correct and complete.

Signature of Applicant _____ Date _____

If the applicant is under the age of 18:

I, the Parent or Guardian, approve and give my consent to this Application.

Signature _____ Date _____

Audition fee £10 to be paid by card.

Form to be returned to:

Musical Theatre Youth Company, Stageworks Studios, Kings Road, St Neots Cambs PE19 1BF

info@stageworksstudio.co.uk

MUSICALTHEATRE YOUTH COMPANY

In Association with Stageworks Events, Stageworks Studios, Kings Road, St Neots, Cambs PE19 1BF

info@stageworksstudio.co.uk | www.musicaltheatrecompany.co.uk

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