



SAINT KENTIGERN

The Crucible – Production/Audition Permission Form

STUDENT DETAILS:

FULL NAME: _____ **2013 TUTOR GROUP:** _____

ADDRESS: _____

HOME PHONE: _____ **MOBILE:** _____

EMAIL: _____

PAST THEATRE EXPERIENCE: _____

PREFERRED ROLE/S: _____

- I wish to audition to be a part of the 2013 College Drama Production.
- I understand that I am required for the full audition weekend.
- If successfully cast I will need to be available for all dates listed above including weekly rehearsals as required and will make these my priority.
- I will be committed to the production and attend rehearsals, learn my lines and take direction as required.

STUDENT SIGNATURE: _____

PARENT / CAREGIVER PERMISSION:

- I give the above named student permission to audition to be part of the 2013 Annual Saint Kentigern College Production.
- I understand that my son/daughter must be available for all dates above or have prior permission from Ms Bishop prior to auditioning.

NAME (print): _____ **DATE:** _____

SIGNATURE: _____