Tweed Theatre Company Inc.

**AUDITION FORM**

**SHOW ……………………………………………….**

Please Print Clearly

**Name:** ........................................................................................ **Age** (if under 18)**: ...................**.......

**Address:** ...............................................................................................................................................

**Suburb:** .................................................................................................... **Post Code:** .......................

**Email:** ...................................................................................................................................................

**Mobile:** ............................................................................... **Home:** ...................................................

**I wish to audition for: ....................................................…………………………………………………..**

**LIST OTHER COMMITMENTS: …......................……………………………………………………………....**

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**PREVIOUS EXPERIENCE:...………………………………………………………...............................……**

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**It is Company Policy that, if chosen, you must become a financial member of Tweed Theatre Company Inc. – Annual Membership is from 1st August to 31st July,**

**Annual fees are: Adult $15.00, Child (under 18) $10.00**

**SIGNED: …………………………………………………..**

**DIRECTOR'S COMMENTS:**............................................................................

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