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AUDITION APPLICATION FORM FOR
'ALICE THE MUSICAL'

NAME:

AGE:

CONTACT TEL NUMBER:

I AM A SINGER/ ACTOR/ ACTRESS/ please circle)

IF SINGER I PREFER SOLO / GROUP/ BOTH (please circle)

PREFERRED PART AUDITIONING FOR:

**PLEASE PROVIDE SOME INFORMATION ABOUT YOURSELF:
(Although previous show experience is not necessary we would like to know if you have had any and why you would be good for this part)**

I wish to audition for a part in 'Alice the Musical' and have read and understood the information relating to the show.

SIGNED:

(If under 18 by parent/guardian)