**PLEASE ATTACH A RECENT PHOTOGRAPH**

**Send your completed form to auditions@everymantheatre.co.uk**

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| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |
| **Email:** |  |
| **Phone:** |  |
| **Date of birth, if you will be under 16 on 28 Nov 2023:** |  |
| **Preferred Pronouns (optional):** |  |
| **If you will require special assistance / reasonable adjustments to enable you to participate, please specify:** |
|  |

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| --- |
| **Please state your preferred audition date & time (am/pm):** |
|  |
| **For which role(s) are you auditioning?** |
|  |
| **Would you accept a different role?** |
| Yes, I would accept another principal roleYes, I would accept another role including ensemble / non-speakingNo, I would only accept the role(s) stated above |
| **Please state any and all commitments (family / work / holidays / other shows) that *might* conflict with the rehearsal and performance period (17 Aug – 2 Dec 2023)** |
|  |
| **Please list any additional skills (e.g. musical instruments, singing, dancing, additional languages including BSL)**  |
|   |
| **Are you already a member of Everyman?** Please note that everyone cast must become a member. Everyman Membership is currently £40 a year for adults. |
| Yes / No |
| **Previous Experience (brief summary – continue overleaf if necessary)** |
|  |

**PLEASE DO NOT WRITE BELOW THIS LINE**

NOTES:

Not cast/recalled/cast as:

Written acceptance rec’d yes/no