**PLEASE ATTACH A RECENT PHOTOGRAPH**

**Send your completed form to robert.gairey1967@btinternet.com**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |
| **Email:** |  |
| **Phone:** |  |
| **Preferred Pronouns (optional):** |  |

|  |
| --- |
| **Please state any of the audition slots you are *unable* to attend:** |
|  |
| **For which role(s) are you auditioning?** |
|  |
| **Would you accept a different role?** |
| Yes/No |
| **Please state any and all commitments (family / work / holidays / other shows) that *might* conflict with the rehearsal and performance period (1 Nov 23 – 10 Feb 24)** |
|  |
| **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