



AUDITION FORM

Please PRINT clearly

Name: _____

Postal Address: Street _____

Suburb _____ Postcode _____

Telephone: _____ Mobile: _____

E-mail: _____

Please PRINT clearly

Please list your most recent theatre experience:

Name of Production	Your involvement/role	Theatre Company	Year

Which role/s in this production are you auditioning for?

Director's Notes

If you are successful in obtaining a role,
are there any rehearsals for which you will be unavailable? If so, please list dates.

If you are not successful,

would you like to join the production team?

YES

NO

If **YES**, in which areas would you be interested in assisting? (Please circle choices)

Stage management ● Production coordination ● Lighting ● Sound ● Costuming
Set construction/painting ● Properties ● Backstage crew work ● Publicity & promotion
Front of house work

Other (please specify) _____

How did you hear about this audition? (tick all that apply)

Newspaper

Galleon website

ATG website

Encore magazine

Previous GTG cast member

Advt. in previous production program

GTG asked you to audition

Word of mouth

Other _____

**Cast members will need to become financial members of GTG by the first rehearsal.
[Current fees: \$10 for duration of production, or \$20 for full year]**

Contact us.....

Galleon Theatre Group
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