

PLEASE NOTE:

In order to rehearse or perform at Rugby Theatre, you **MUST** become a member. Please enquire at the bar, or with the Audition Panel

Name

Address

Post code

Telephone Number

Email

CHOICE OF PART

1st choice

2nd Choice

Nights you are **NOT** available for RT rehearsals

Any holidays during rehearsal period

Are you in other productions during rehearsal period
(where and dates of production and rehearsals)

What is your singing
range if known

Are you a member of Rugby Theatre

Yes/No

If you are a member, when does
your membership expire

Any other information you feel is relevant to
your audition

DATA PROTECTION

If you are not currently a member of Rugby Theatre, Please sign below to indicate that you are willing for us to keep your personal details for future reference

Signature _____