Essendon Theatre Company

P.O. Box 164

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A.B.N 84 337 262 019



AUDITION APPLICATION FORM PLEASE PRINT CLEARLY

Name		
Address		
Suburb / Town		
State	Postcode:	
Phone / Mobile		
Contact email address		
PLAY YOU ARE AUDITIONING FOR		
ROLE(S) YOU ARE AUDITIONING FOR		
ACTING EXPERIENCE (ATTACH CV & POSSIBLE PHOTO) - ONLY LIST LAST THREE, OR MAJOR THREE ROLES		
DATE/TIME UNAVALIABLE		
Number of performances planned	6 Evenings (Thursday, Friday, Saturday Nights @ 8:00PM) and 1 Matinee (Sunday @ 2:00PM)	
IF YOU ARE NOT CAST ARE YOU INTERESTED IN BEING ON ETC NEWSLETTER / AUDITION DATABASE?	YES	NO
DO YOU CONSENT TO YOU EMAIL & PHONE NUMBER BEING DISTRIBUTED TO CAST & CREW?	YES	NO

Please turn page over and complete details on the other side

PLEASE NOTE THE FOLLOWING REQUIREMENTS FOR PARTICIPATING IN A PRODUCTION WITH ETC

Signature			Date	
	☐ Other (please specify):	:		
	☐ Star Now	Email from ETC		
	☐ Just Auditions	☐ Theatre Whispers	☐ Theatrepeople	
•	Where did you hear ab ☐ Facebook	out this audition? (Tick all tha	t apply) ☐ VDL Website	
•	All cast and crew must usually held on a weeken		d / deconstruction of the set –	
•	<u>All</u> cast and crew of ETC to become members for the relevant calendar year (\$20 adult, \$15 concession, \$25 family). Membership covers you for a calendar year and is used for insurance purposes.			
	☐ Tuesday 7.30pm	☐ Thursday 7.30pm ☐ Sunda	y (at director's discretion)	
•	Rehearsals held on Tuesday, Thursday evenings at 7.30pm and Sundays at director's discretion. Please indicate which days you are available:			