



# BATS Theatre Company

## Audition Form – Adult

### *Game of Tiaras*

Auditionee Information			
First Name:		Last Name:	
Preferred Name (if applicable):		Gender:	
Date of Birth:		Age:	
Address:			
Primary Phone Number:		Alternative Phone Number:	
Email Address:			
Are you of Aboriginal or Torres Strait Islander origin?			

Medical Information			
Emergency Contact Name:			
Relationship:		Phone Number:	
Do you have ambulance cover?			
Do you have any medical conditions we need to be aware of? Please note: disclosing this information does not in any way impact on the result of your audition.			

Working with Children Check			
Do you hold a valid Working With Children Check or alternative (eg. VIT Registration)?			
Card Number:		Expiry Date:	

Please note: your WWCC (or alternative) will need to be cited by the Production Coordinator at the first rehearsal.

Previous Experience	
Please list below or attach details of your recent performance experience including any study/classes taken in performing arts.	
Link to acting profile (if applicable): Eg. StarNow account	

Show Information			
Which role(s) are you auditioning for?			
Would you accept roles other than any listed above?			
Would you accept a position in the ensemble?			
Rehearsals will be held Thursday evenings and Sunday afternoons. Are there any dates where you will be unavailable for rehearsals?			
Are you auditioning for or involved in another production? If yes, provide details.			
Height:		Clothing Size:	

Please attach a recent colour headshot.