



BRECON FESTIVAL BALLET

Registered Office Theatr Brycheiniog, Canal Wharf, Brecon, LD3 &EW
Charity Number 1194326

AUDITION FORM (ADULT)

NAME.....

ADDRESS

POSTCODE.....MOBILE NUMBER

E MAIL ADDRESS

DATE OF BIRTH HEIGHT

DO YOU SUFFER FROM ANY MEDICAL CONDITION YES () NO ()

IF YOU HAVE ANSWERED “YES” PLEASE GIVE FULL DETAILS

.....

PLEASE GIVE ANY OTHER DETAILS YOU MAY FEEL WOULD BE USEFUL ON A SEPARATE SHEET

DANCE TRAINING -

NONE

BASIC (PLEASE GIVE DETAILS)

SOME TRAINING (GIVE DETAILS/GRADE)

DO YOU HOLD A CURRENT DBS CHECK? YES () NO ()

IF YOU DO NOT HOLD THIS, WE WILL REQUIRE ONE IF YOU ARE SUCCESSFUL IN YOUR AUDITION. THERE IS NO CHARGE FOR THIS

I UNDERSTAND THAT THIS IS A PROFESSIONAL PRODUCTION AND IF ACCEPTED I AM EXPECTED TO ATTEND AS MANY SUNDAY AFTERNOON REHEARSALS AS POSSIBLE AND WILL NEED TO BE AVAILABLE LATE AFTERNOON/EARLY EVENINGS OF THE WEEK COMMENCING 11TH DECEMBER AND INCLUDING ALL TECHNICAL REHEARSALS AND PERFORMANCES. A FEE OF £30 WILL BE PAYABLE TOWARDS REHEARSAL AND COSTUME COSTS

SIGNEDDATE

Please return this form to Brecon Festival Ballet at 74 Beacons Park, Brecon, Powys,, LD3 9BQ or email to Lesley@breconfestivalballet.com