



# BRECON FESTIVAL BALLET

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

## AUDITION FORM (CHOIR)

NAME.....

ADDRESS .....

POSTCODE.....MOBILE NUMBER .....

E MAIL ADDRESS .....

DATE OF BIRTH .....

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

IF YOU HAVE ANSWERED "YES" PLEASE GIVE FULL DETAILS

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

SOPRANO ( ) / ALTO ( )

CHOIR MEMBERSHIP (if any).....

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

I UNDERSTAND THAT THIS IS A PROFESSIONAL PRODUCTION AND IF ACCEPTED I AM EXPECTED TO ATTEND ALL SUNDAY AFTERNOON REHEARSALS AS STATED AND FROM 14TH DECEMBER AND INCLUDING ALL TECHNICAL REHEARSALS AND PERFORMANCES AS GIVEN IN THE REHEARSAL SCHEDULE.

A FEE OF £20 WILL BE PAYABLE TOWARDS REHEARSAL COSTS, OR £25 IF YOU WOULD LIKE TO HAVE A BRECON FESTIVAL BALLET T SHIRT

SIGNED .....DATE .....

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