



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

.....
.....

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 13TH 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

SIGNEDDATE

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