



# 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 ONE 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 16TH DECEMBER AND INCLUDING ALL TECHNICAL REHEARSALS AND PERFORMANCES. A FEE OF £30 WILL BE PAYABLE TOWARDS REHEARSAL AND COSTUME COSTS**

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)