



# BRECON FESTIVAL BALLET

Registered Address: Theatr Brycheiniog, Canal Wharf, Brecon LD3 7EW  
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 SUNDAY AFTERNOON REHEARSALS AS STATED AND FROM 18<sup>TH</sup> DECEMBER ONWARDS 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)