



AUDITION FORM

BLEAK HOUSE - ADC Theatre - 31 March to 4 April, 2020 includes Saturday Matinee

First Name: (PLEASE PRINT)Surname:

Address:

.....

Postcode: (e-mail):

Tel. No. (Home)..... Tel No. (Mobile)

Are you willing to be considered for any part? **YES / NO**
If you would like to be considered for a specific part(s), please indicate here:

Have you acted with Bawds before? **YES / NO** If **"NO"** and you have previous acting experience, please give brief details in the space below:

How did you hear about this production? BAWDS WEB SITE / BAWDS NEWSLETTER / COMBINATIONS / THEATRE PROGRAMME / SOCIAL MEDIA / WORD OF MOUTH / OTHER

IMPORTANT - PLEASE READ THE REHEARSAL SCHEDULE OVERLEAF

If you are involved in any other production(s) or have any other commitments that would affect your ability to attend during the rehearsal period, please circle **all dates** you would **not** be able to attend.

Declaration:

If I am cast, I understand that I will be required to pay a production fee of **£20.00** plus **£4.00** for a copy of the script.

I have been made aware of the Bawds' Privacy Policy (www.bawds.org) and give consent to my personal data being used for the following purposes:

1. My contact details will automatically be added to the Bawds' mailing list.
2. My contact details will appear on the Company Contact List for this production only.
3. My name will appear in the programme for this production and on the Bawds' website.

If I am not cast, I would / would not like my contact details to be added to the Bawds' mailing list.

Signed..... Date:

Thank you for auditioning. We will contact you as soon as possible with our decision.

Audition Notes:

Cast: **Yes / No** Part Offered: Accepted: **Yes / No**

Contacted by email / telephone / personally