



AUDITION REGISTRATION FORM

First name:Surname:.....

DATE OF BIRTH:

AGE ON 2/8/12:**HEIGHT:**.....ft.....in OR.....cm

ADDRESS:

.....

..... **POSTCODE:**

HOME TELEPHONE NO:

NAME OF PARENT / GUARDIAN:

PARENT/GUARDIAN MOBILE NO:

EMERGENCY CONTACT NO: (if different).....

EMAIL ADDRESS:

SCHOOL:

MEDICAL CONDITIONS / SPECIAL NEEDS:

HOW YOU HEARD

ABOUT THE AUDITION:

IMPORTANT:

PLEASE CIRCLE BELOW ANY DATES YOU WILL BE UNABLE TO ATTEND REHEARSAL:

FEB – Wed 15TH – ALL DAY – INTRO TO FLYING (Peter and Wendy Only- Compulsory)

JUNE – Wed 27th 7pm-10pm **JULY** – Wed 4th, Wed 11th, Wed 18th – 7pm – 10pm

JULY – Mon 23rd, Tues 24th, Wed 25th, Thurs 26th, Fri 27th - All Day; Sat 28th – PM only

AUGUST – Mon 30th, Tues 31st, Wed 1st **[PERFORMANCES: 2nd, 3rd & 4th August.]**

All personal details held on this form will be kept confidential and only used for YESOS administrative purposes.

PLEASE BRING £10 MEMBERSHIP FEE IF YOU ARE NOT ALREADY A YESOS MEMBER.