

Audition 2012 Registration Form

Thank you for registering your audition **online** or **by phone**. You should now print both pages of this form, complete them in full, then **bring them to your audition**. Please either print double sided or staple the pages together.

Staple/stick 1 passport sized photo here

City	
Date	
Session time	

First Name					
Last Name					
Age on 1 Sep 2012		yrs		months	<i>You must be aged 11-21 on this date</i>
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	

Have you taken part in a YMT project in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please write the name(s) and year(s) of the project below:				

Describe briefly why you want to be in a YMT project (for example, 'I want to improve my dance skills'):

Describe briefly any relevant performing experience

Do you play any musical instruments? If so, what grade?

Please describe any conditions you have that may affect your involvement e.g. Asthma, dyslexia

Height (cm)		Build	Slim	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>			
Hair Colour	Black	<input type="checkbox"/>	Dark Brown	<input type="checkbox"/>	Light Brown	<input type="checkbox"/>	Red	<input type="checkbox"/>	Blonde	<input type="checkbox"/>	Other.....
Eye Colour	Brown	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Green	<input type="checkbox"/>	Hazel	<input type="checkbox"/>	Other.....		

Signature of parent/carer if under 18			
Print Name		Date	/ /

DATA PROTECTION ACT (1998)
 YMT projects are photographed and filmed for archival and marketing purposes. Images may appear on film, in print and online in perpetuity. The information you supply on this and future documentation (and any photography or video created as described above) will be stored electronically and/or on paper by YMT and will be used for future correspondence about your project. Details will NOT be passed onto third parties.
 I confirm that I give permission for myself/my son/daughter* to be filmed or photographed for these purposes and for these images to be stored and duplicated without further permission being sought.
 *delete as appropriate

Signed by those 18 or over	Signed by Parent/Carer for those under 18
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Your Audition Record

Please complete your details in this box:

First Name	
Last Name	

Staple/stick 1
passport sized
photo here

This sheet is used by the audition team to make notes during your workshop.

You do not need to complete the rest of this page, but please bring it to your audition.

FOR AUDITION PANEL USE ONLY:

DRAMA:

Improvisation	
Text	

MOVEMENT:

Technique	
Freeform	

MUSIC:

Vocal type and range _____

If male, is voice broken? _____

Quality	
Delivery	

Total	
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Project:

Cast:

Additional Notes: