

HAMILTON **OPERATIO**

Auditionee Name:			Age:	Не	eight:	
Address:						
Mobile:		Home Ph:				
Email:						
Emergency Contact:	Contact number:					
Preferred Role/s:						
If not selected for your preferred role, would	you be willi	ing to accept an	other role or	ensemble?	YES NO	
What is your voice-type? Please circle	Bass	Baritone	Tenor	Alto	Soprano	
Have you had vocal training? YES NC) With	whom?				
For how long?	_ Can	you read music	?			
Please attach:	-			_	_	
As a cast member, I agree to attend any and all informed about the rehearsal schedule via email May 2025 through to the packout on Sunday 10th evening/weekend work or family commitments, t	s and/or our l h August 2025	Facebook page. I	Please detail A	ALL commitme	ents and dates from	

- I agree that if I am successful at the audition I will give my full commitment to the production of CATS and be available for all scheduled rehearsals and performances.
- I understand that I have an obligation to work within HOS' policies Health & Safety, Anti-Harassment and Anti-Bullying & Volunteer
- I am aware that my image, voice or name may be used in promotional activity including but not limited to print, Internet, television, social media and radio and give full permission for this.
- I am aware my details will be added to the Hamilton Operatic Inc. electronic database for future auditions, notices and promotional
- All casting is final and approved by the Hamilton Operatic Society Inc. Board of Management.

Signed (Auditionee): ______ Date: ____

THEATRE & MUSIC EXPERIENCE

Please list all theatre and music experience including dance, vocal and drama/actor and instrumental training below or attach a theatre/music experience CV: