

Thank you for booking an audition with YMT – we can't wait to see you! Please complete this form and bring it along to the audition. **Please also attach a photo!**

Audition City		Audition Date		Audition Time	
Full Name					
Age		Gender		Height (Feet/inches)	

Emergency contact name & number	
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Have you previously taken part in Youth Music Theatre UK project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please write the name(s) and year(s) of the project below:					
Describe briefly any relevant performing experience:					
Do you play any musical instruments? If so, what grade?					
If you play an instrument please rate your sight reading ability (5=experienced 1= inexperienced)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Can you read music? (not a requirement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please rate your ability (5=experienced 1= inexperienced)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
How would you describe your vocal range?					
Soprano <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Baritone <input type="checkbox"/> Bass <input type="checkbox"/> Unbroken <input type="checkbox"/> Don't Know <input type="checkbox"/>					
Please describe any potential barriers to participation you have that may affect your involvement e.g. Asthma, dyslexia					
Please use this space to let us know of any injuries over the last 12 months, or any long-standing injuries or physical conditions. This will NOT affect casting decisions					

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 or Carer for those Under 18	
Print Name		Print Name	
Date		Date	



YMT Auditions 2017 – Registration Form

Audition Record

please complete your details:

Full Name	
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FOR AUDITION PANEL USE ONLY:

DRAMA:

Improvisation	
Text	

MOVEMENT:

Technique	
Freeform	

MUSIC:

Vocal type and range _____

If male, is voice broken? _____

Pitch and Tone	
Delivery	

Total	
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Project:

Cast: