

NAME OF STUDENT: _____ *Beauty & the Beast*

AGE AND BIRTHDATE _____ SCHOOL AND GRADE _____

STUDENT PHONE NUMBER _____

PARENT/GUARDIAN NAME & PHONE NUMBERS _____

PARENT /GUARDIAN EMAIL ADDRESS _____

HOME ADDRESS _____

STAGE ARTZ CLASS & TEACHER _____

BEAUTY & THE BEAST will be performed at the Glen Street Theatre from 21st – 29th September 2018 (the end of term 3).

Rehearsals will be on Sunday afternoons (whole cast) and Wednesday evenings (principals and senior/adult cast members only). From the beginning of August, rehearsals will be held on Saturday and Sunday afternoons. Extra rehearsals (final dress/tech **compulsory** rehearsals) will be held at Glen Street Theatre during the week prior to opening (16th – 20th September).

A production fee of \$100 will be charged to each cast member to help with production costs (includes a BEAUTY & THE BEAST T-Shirt for the cast member) and everyone involved in the show will be asked to assist with production fundraisers. Profits from BEAUTY & THE BEAST will be donated to The Children's Hospital at Westmead.

**** ON THE BACK OF THIS FORM, PLEASE LIST PREVIOUS PRODUCTIONS AND/OR PERFORMANCES YOU HAVE BEEN INVOLVED IN.**

PLEASE LIST ANY UNAVAILABLE DATES (Sunday/Saturday afternoons and Wednesday nights):

PLEASE LIST ANY TRAINING YOU HAVE HAD:

DRAMA: _____

DANCE: _____

SINGING: _____

SPECIAL SKILLS:

PLEASE TICK ALL ROLES THAT YOU WOULD LIKE TO BE CONSIDERED FOR:

PRINCIPAL ROLE
FEATURED SINGER
FEATURED DANCER
ENSEMBLE
ANY

ROLE/ROLES YOU ARE PARTICULARLY INTERESTED IN _____