



KISS ME KATE - AUDITION APPLICATION FORM

Please bring a completed copy of this form and a recent photograph/headshot to your audition.

Please read the following information carefully: Rehearsals for *Kiss Me Kate* will be held from 7:30pm until 10:00pm on Monday and Wednesday evenings, commencing Monday 17th June, 2024. Dance Workshops and additional rehearsals will be held from 2:00pm on some Sunday afternoons throughout the rehearsal season. Bump-In and technical rehearsals will be held on 5th and 6th October, 2024 and dress rehearsals will be held on the 8th, 9th, and 10th October, 2024. Rehearsals continue throughout school holiday periods. You will be required to attend one or more working bees, as well as bump-in and bump-out, any promotional events, and additional rehearsals that are called.

Name: _____

Birthdate (dd/mm/yyyy required if under 18): _____

Preferred pronouns: _____

Address: _____

Phone (mobile): _____

Email: _____

Voice Type/Vocal Range (if known): _____

I wish to audition for the following role/s: (tick whichever roles apply)

- | | |
|--|---|
| <input type="checkbox"/> Fred Graham/Petruccio | <input type="checkbox"/> General Harrison Howell |
| <input type="checkbox"/> Lilli Vanessi/Katherine | <input type="checkbox"/> Flynt/Gremio & Riley/Hortensio |
| <input type="checkbox"/> Bill Calhoun/Lucentio | <input type="checkbox"/> Featured Ensemble |
| <input type="checkbox"/> Lois Lane/Bianca | <input type="checkbox"/> Featured Dance Ensemble |
| <input type="checkbox"/> Hattie | <input type="checkbox"/> Ensemble |
| <input type="checkbox"/> Paul | |
| <input type="checkbox"/> First Man & Second Man | |

If unsuccessful in the role(s) you are auditioning for, are you willing to be considered for another role, join the ensemble, or help in any other capacity? Yes / No

If yes, in what capacity? _____

Experience: List relevant performance experience (role, show, date, and theatre company). Alternatively attach an up-to-date theatre curriculum vitae.

Training: Please give a brief description of your previous experience in dancing, singing, and acting, including the level and/or grade studied or any specialist dance skills and/or tricks.

Are you participating in any current productions elsewhere? If so, please list the name of production and the final performance date.

List any dates you will be absent during the rehearsal and/or performance season:

All candidates will be notified by phone or email regarding the outcome of their audition, within one week of the final audition date. The casting decision is final, and correspondence will not be entered into. The Regals Musical Society does NOT provide feedback to individuals on their audition.

You must refrain from making any public comments (e.g., on social media) regarding audition outcomes for *Kiss Me Kate* until after the cast is announced officially by The Regals Musical Society.

Cast Member's Agreement:

Child Safety

I acknowledge that my acceptance and continued membership of The Regals Musical Society is dependent upon ongoing compliance with the requirements of the Child Protection (Working with Children) Act (2012), the Child Protection (Working the Children) Regulation (2013), and the Working with Children Check (WWCC) requirements set out by the Office of the Children's Guardian.

I acknowledge that, if I am over 18 years of age, I will require a current WWCC to participate in this production.

Other

If I am successful in obtaining a role in this production I agree to:

- Pay a Show Fee of \$140.00 at the first rehearsal;
- Volunteer a minimum of fifteen hours (or nominate another adult to do so) at bump-in/bump-out, working bees, etc.;
- Punctually attend all required rehearsals and shows;
- Monitor the cast Facebook group for the latest news and information about the show;
- Assist in the promotion of the show through social media, flyer distribution, etc.;
- Pay a \$50.00 refundable deposit if hiring a hardcopy score/libretto;
- Adhere to The Regals Musical Society Code of Conduct; and
- Comply with any and all Covid-19 management guidelines as issued by the NSW Department of Health.

The Regals Musical Society Inc. reserves the right to replace any performer who misses or is late for three rehearsals or shows without a satisfactory explanation or otherwise does not follow the above obligations.

I have read and agree to the above terms and conditions.

Signature (Caregiver's if auditionee under 18): _____

Date: _____

Please note: The information supplied on this form will be kept in confidence. It may be used by The Regals Musical Society to notify you of further shows/auditions unless you request otherwise.

Please do not place me on The Regals Musical Society Mailing List.

Audition Panel to Complete

Singing voice:

Diction: _____ Volume: _____

Range: _____ Tone: _____

Pitch: _____

Speaking voice:

Volume: _____ Expression: _____

Characterisation: _____

Other Comments: _____

Role(s) suitable for: _____