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| --- | --- | --- | --- | --- | --- | --- | --- |
| **U:\Marketing\MMT LOGOS\MM Logo Colour large1.jpgThe Norwich Players**  **Audition Submission Form**  **Please complete this form if you would like to audition for any Norwich Players production and email it as an attachment to fullwoodthomas@ntlworld.com** | | | | | | | |
| **Name** |  | | | | | | |
| **Email Address** |  | | | | | | |
| **Phone Number** |  | | | | | | |
| **Gender Identity** |  | | | | | | |
| **Playing Age :** This is not your actual age. Please put an X in one or more of the boxes. | **18-20** | **20-30** | **30-40** | **40-50** | **50-60** | **60 +** | |
|  |  |  |  |  |  | |
| **Production auditioning for** | **The Book of Will** | | | | | | |
| **Part or parts auditioning for** See the production’s casting breakdown for options. |  | | | | | | |
| **Preferred Audition dates :**  26th; 27th; 28th July evenings  31st July morning |  | | | | | | |
| *Please put an* ***X*** *by the statements below should you wish to opt in.* | | | | | | | |
| I would like to subscribe to receive emails from the Norwich Players and the Maddermarket Theatre Trust Ltd regarding future **auditions and casting opportunities** | | | | | |  | |
| I would like to subscribe to receive emails from Maddermarket Theatre Trust Ltd regarding **upcoming performances (e.g. What’s On newsletters)** | | | | | |  | |
| *Please read the statement below before signing and dating this document.* | | | | | | | |
| **I understand that my data will be processed in accordance with the General Data Protection Regulation (GDPR).** | | | | | | |
| **Signature : *This can be typed*** |  | | | | | |