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| **U:\Marketing\MMT LOGOS\MM Logo Colour large1.jpgThe Norwich Players Theatre Company****Audition Submission Form** **Please complete this form if you would like to audition for *Metamorphosis* and email it as an attachment to : joeseeney95@gmail.com** |
| **Name** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **Gender Identity and preferred pronouns** |  |
| **Playing Age**This is not your actual age. Please put an X in one of the boxes.You must be 18 to audition. | **18-20** | **20-30** | **30-40** | **40-55** | **55-65** | **65 +** |
|  |  |  |  |  |  |
| **Production auditioning for** | **Metamorphosis** |
| **Part or parts auditioning for**See the production’s casting breakdown for options. |  |
| **Preferred Audition dates**See the production’s casting breakdown for options - Please state ‘any’ if you have no preference. |  |
| *Please read the statement below before signing and dating this document.* |
| **I understand that my data will be processed as described in the** [**Maddermarket Theatre’s Privacy Policy**](http://maddermarket.co.uk/about/privacy-notice) **in accordance with the General Data Protection Regulation (GDPR).****You can read the Maddermarket Theatre’s Privacy policy here:** [**http://maddermarket.co.uk/about/privacy-notice**](http://maddermarket.co.uk/about/privacy-notice) |
| **Signature*****This can just be typed*** |  |
| **Date** |  |