**The Norwich Players Theatre Company**

**Audition Submission Form**

Please complete this form if you would like to audition and email it as an attachment, or bring a completed form to your audition, to : steven.scase@maddermarket.org

**\* Due to legal requirements we are unable to cast actors who are under 18 on the day of Audition.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Email Address** |  | | | | | |
| **Phone Number** |  | | | | | |
| **Gender Identity and Pronouns** |  | | | | | |
| **Playing Age** *This is not your actual age. Please mark all the boxes that apply.* **\* You must be over 18 at audition.** | **\*** 16-20 | 20-30 | 30-40 | 40-55 | 55-65 | 65 + |
| **Production auditioning for** |  | | | | | |
| **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.* |  | | | | | |
| **Days/Evenings of the week or Dates you are NOT available** *for rehearsals between now and the end of the performances.* |  | | | | | |
| *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) as described below. | | | | | | |
| **Signature**  *This can just be typed* |  | | | | | |
| **Date** |  | | | | | |

*The Maddermarket Theatre Trust Ltd is committed to ensuring the security and protection of your personal information. Information provided above will be shared only with relevant personnel as deemed necessary and will be stored/disposed of securely in line with data protection principles, according to the General Data Protection Regulation (GDPR). Personal details gathered via this form will not be used by the Norwich Players Theatre Company for marketing purposes.*

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