Smile snc
lingue & linguaggi del mondo

SMILE Theatre application form

PLEASE FILL IN THIS FORM and BRING IT INTO YOUR AUDITION

FULL NAME _____ _____

ADDRESS _____ _____

_____ email: _____@_____

CONTACT NUMBER | 0 | 0 | 4 | 4 | | | | | | | | | | |

DATE OF BIRTH _____/ _____/ _____

DRIVING LICENCE yes no ***MARRIED*** yes no ***KIDS*** yes no

AGENT NAME (if applicable) _____

Contact number _____ / _____

You are INTERESTED in: SMILE TIE TOUR yes no

SMILE TEACHING DRAMA (only girls) yes no

Your AVAILABILITY 2011 (tick the months) : Jan Feb March April May

Have you any experiences in TIE TOURS? yes no
If yes, where and how long: _____

Have you any experiences in Teaching DRAMA? yes no
If yes, where and how long: _____

Did you train at a drama school in the UK? yes no
Please, state where and the duration of the course _____

Have you any reference to get in touch with? _____

Do you have any medical conditions, allergies or any food dislikes that Smile should be aware of? Please write about it. _____

Smile Theatre Company like to place people with similar personalities/interests together. Are there any hobbies or interest that you would like to make us aware of? _____

Notes: _____

Thank you for completing the form!

Do you agree if we take a photo of your performance(only for private use)? yes no

Smile snc di Relandini Franca & C.
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