



## Membership Application

(PLEASE COMPLETE USING CAPITALS)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

\_\_\_\_\_

PARENTAL/GUARDIAN CONTACT DETAILS REQUIRED (If under 18)

CHILDS AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE:

By ticking this box, you (or your parent/guardian) agree to any official photographs or other media produced by Tyger Productions to be used for publicity purposes:

All Information will be kept in accordance with the Data Protection Act 1998.

**MEMBERSHIP FEES ARE PAYABLE ON COMPLETION OF THIS FORM**

[www.tygerproductions.co.uk](http://www.tygerproductions.co.uk)



## Audition Application

NAME: \_\_\_\_\_

PRODUCTION: \_\_\_\_\_

ROLE (S) YOU ARE AUDITIONING FOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WOULD YOU BE HAPPY TO ACCEPT ANY OTHER ROLE IF OFFERED?      YES     NO

PLEASE STATE THE BEST WAY TO CONTACT YOU AFTER THE AUDITION:

PHONE:     MOBILE:     EMAIL:

OTHER (Please state): \_\_\_\_\_

**TO BE PART OF ANY PRODUCTION A £5 SHOW FEE WILL BE APPLICABLE TO ALL ADULT PERFORMERS**

On behalf of Tyger Productions, we thank you for taking the time to audition and we will be in contact shortly.

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