***Return to the Forbidden Planet***

Insert Passport Photo Here

**Application Form**

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| **Auditionees Name** (Block Capitals)  |  |
| **Auditionees Address** (Block Capitals)  |  |
| **Date of Birth**  |  |  |
| **Gender**  |  |  |
| **Age on the date of first performance**  | Years  | Months  |
| **Contact Telephone**  |  |
| **Contact email**  |  |
| **Parent/ Guardian Chaperone Licence Held?** | Yes / No |  |
| **Previous Theatre Experience**  |  |

**Medical Information/ Next of Kin**

|  |  |
| --- | --- |
| **Next of Kin Name** |  |
| **Relationship**  |  |
| **Telephone**  |  |
| **Email** |  |
| **Medical Information** Please advise us of any medical condition we need to be aware of. (This will remain confidential, and is for welfare reasons only) |  |

**Consent**

 Please read the following information below, if you are below the age of 16 before 22nd May 2022 please have a parent/ guardian sign this form or sign with permission of said guardian.

I hereby give permission for myself/ the child named above to participate in the auditions for Stafford Gatehouse Theatre’s Summer School production: *Return to The Forbidden Planet.* I understand that the decisions made by Stafford Gatehouse Theatre are final. I also give permission for publicity photographs of myself/ my child to be taken on audition day, and if successful, for publicity/ production photographs and video to be taken in rehearsals, dress rehearsals and performance which shall be used for advertising and publicity purposes as well as the Theatre’s archive. I understand that that myself/ my child’s photograph may appear in the programme and that a video of the production will be taken for advertising and archive purposes.

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| **Signed** (Parent/ Guardian if under 16)  |  |
| **Name**  |  |
| **Date**  |  |  |