



A Midsummer Night's Dream - Audition Form

PLEASE COMPLETE AND RETURN TO SECRETARY@MADF.IM BY 20th MARCH

Name:

D.O.B:

Contact details

Telephone

Email

Part(s) interested in:

Availability

Day/times unable to rehearse:

Any other commitments - holidays/other productions (please provide dates):

Are you attending the Mastering Shakespeare workshop on Saturday 1 March - Yes No

Any unavailability on audition weekend - 22/23 March:

If you are in full time education a parental consent will be required:

Name of Parent:

Signature: