



AUDITION APPLICATION

Please complete this form

Full Name																				
Address																				
Home Ph																				
D.O.B																				

email: _____

Please tick **Diploma of Musical Theatre**

Pre-Professional Program

	Level of experience	Please tick
Dance Beginner:	<i>single turns, jete's, basic travelling turns, basic 4/4 timestep, moderate flexibility</i>	
Dance Inter/Advanced:	<i>double/tripple turns, grande jete's, fan kicks, lay outs, wings, double pick up's, timestep combinations, good strength & flexibility</i>	
Vocal:	<i>Group and/or private vocal coaching</i>	

Previous Training (Include name of School and styles studied)

Emergency & Medical Information: (Please tick)

Do you suffer from any serious ailment or injury?	Yes	No
Have you recently been hospitalized?	Yes	No
Do you suffer from any allergies?	Yes	No
Are you taking any prescribed medication?	Yes	No
Are there any reasons why you may not be able to participate in activity?	Yes	No
Do you have ambulance cover?	Yes	No

**If you have answered yes to any of these questions please provide us with more detail*

Emergency Contact _____ Relationship _____

Home Number _____ Mobile Number _____

Work Number _____

Declaration:

I/WE acknowledge that the student is physically fit and able to participate in the LLS audition.

In the case of an emergency I (Student over 18 or Parent/Legal Guardian) authorize LLS to seek medical assistance, including ambulance if necessary, and I agree to cover all costs incurred.

_____ (Parent/Legal guardian or student over 18 years signature)

(SIGN HERE)

_____ (DATE)

(PRINT NAME)

IMPORTANT

- **Parents are not allowed to sit in on auditions but will have the opportunity to speak with the directors in the later part of the day**
- **Please ensure that you have performed your own adequate stretch and that you are warm & ready to start at 10:00 am (Warm Up Room: Studio 2)**
- **You may bring water bottles into the room with you**

STUDIO ADDRESS:

Left Leg Studios (The Powerhouse) Lakeside Drive, Albert Park Lake

Please note that the car park adjacent is Metered Parking

Studio Contact details

Brooke McDowell: 0400 594 558

Tim McDowell: 0419 540 310