

**PETER PAN**

**Application to Audition**

**Lichfield Garrick**

**PLEASE COMPLETE THIS FORM IN FULL**

**Name**………………………………………………………..**Age**……………………………

**Date of Birth**………………………………………

**Address**…………………………………………………………………………………………….

……………………………………………………………………………………………………….

………………………………………………………………**Post Code**………………………….

**Home telephone number**……………………………………………………………….

**Email Address**................................................................................

**Parent/Guardian contact telephone number**………………………………............

**Name of full-time School**……………………………………………………………….

**Class**……………………………………………………………………………………….

**Local Authority Area of School**………………………………………………………

**Name of Stage School (If applicable)**…………………………………………………..

**Measurements**

***Inches or Centimetres.*** *–* ***please state which!***

**Height:Chest:Waist:**

**Neck to waist:Waist to floor:Collar:Shoe Size:**



**PETER PAN**

**Consent Form**

**To be completed by all Parents/Guardians**

**Name of Child** …………………………………………………………………………………….

**Parents/Guardian Names**……………………………………………………………………….

I……………………………………………………….. being the Parent/Guardian of the above named, give consent for him/her to audition for the Lichfield Garrick. Furthermore, if successful, we consent to him/her appearing in the above production on the dates specified on the rehearsal and performance schedule.

We understand that there is no monetary remuneration involved and that this opportunity will provide enormous performing arts experience for our child, working with a professional production company.

We understand that photographs will be taken during rehearsals and we consent to production images of our child being used for press and publicity purposes, including printed materials and materials used at a later date for publicity for the Lichfield Garrick Theatre.  We also consent to our child’s name being used in publicity and print for the pantomime.

We understand that care of our child will be placed under the direct supervision of Licensed Children’s Chaperones during all rehearsals and performances and any instructions/decisions given/made by those chaperones are final.

**Signed and agreed**……………………………………………**Date**…………………...

**Please return both forms, fully completed to:**

**education@lichfieldgarrick.com****, or hand into the Box Office at:**

**Lichfield Garrick, Castle Dyke, Lichfield. WS13 6HR.**

**Closing Date for receipt of applications: Sunday 7th June 2020**

**Please note: No further communication will be made by the theatre unless changes to schedule are made.**