

**ALL-NEW ADVENTURES OF 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:**



**THE ALL NEW ADVENTURES OF 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 consent to him/her appearing in any filming completed for the performance specified on the filming schedule provided.

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 25th June 2021**

***Please note that we will securely store your data, in accordance with The Lichfield Garrick’s Data Policy, until August 2043. You may request that we destroy your data prior to this date at any time. If you have may queries as to why we will hold the data, please feel to contact us at any time. We will not use the data for any marketing purposes.***

**Please note: No further communication will be made by the theatre except to notify you of the schedule or precautions.**