



## AUDITION APPLICATION

Title of Play:		
Your Full Name:		Age Range:
Postal Address:		
Email Address:		
Telephone:		
Mobile Phone:		
Role(s) for which you wish to audition:		
Would you consider another role, if not cast as above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
List days of the week and dates when you are <u>not</u> available, include Saturdays		
Most recent experience: Lead role, supporting role, where?		

**Please ensure that you understand the rehearsal and performance dates!**

This production will involve considerable commitment from you. The ZCC will be investing and a large amount and in addition many other members will be investing a great deal of their own time.

Therefore we ask that you understand and agree with the following points:

1. The ZCC is an amateur group and **none of the cast is paid**. Some travel expenses can be reimbursed in accordance with [zcc.ch/travel-expenses](http://zcc.ch/travel-expenses).
2. Unless otherwise agreed beforehand, **you will attend all rehearsals**.
3. We have no understudies. You must advise us immediately if your health or other situations change your ability to participate in the production of the play.
4. You agree to be photographed, videotaped, and interviewed for publicity materials.
5. If not already a **ZCC member**, you will become one. (The Membership Secretary will send you details, if cast.)

**Non-members are encouraged to audition.** If you are not cast, please consider volunteering to work on a crew.

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*I confirm I have read and agree with the above points.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This form must be completed and brought to the audition. We would like advance notice you will be auditioning, so please email your intention to: [auditions@zcc.ch](mailto:auditions@zcc.ch)***