



Zurich Comedy Club
The Home of English-speaking Theatre in Zurich since 1954
AUDITION APPLICATION

Attach
Photo

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

Please ensure that you are clear about the rehearsal and performance dates!

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

So 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.**
2. Unless otherwise agreed beforehand, **you attend all rehearsals.**
3. You advise us, at once, of any new or pre-existing medical condition or other situation that could in any way affect your ability to perform or attend both during the rehearsal period and the run of the play. Please note: we have no understudies.
4. You agree to be photographed, videoed and interviewed for publicity material.
5. If not already a **ZCC member**, you become one. (The Membership Secretary will send you details, if cast.)

Non-members are welcome to audition. Please be aware that due to their previous experience, existing members may have priority.

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