Wilburton Theatre Group



Audition and membership form

First Name:			Address	
Surname:				
Home tel. no:				
Mobile tel. no:			Postcode	
DOB and age (if 18 years or under):			Email address	
Social media (Facebook, Twitter, etc.) name(s):				
Do you have any access or support needs (please specify):				
IF YOU ARE UNDER THE AGE OF 18 A PARENT OR GUARDIAN MUST COMPLETE THEIR DETAILS BELOW:				
Parent's/guardian's name:			Email address	
Telephone no. (mobile):			Signature	
Will you be available for rehearsals on Tuesday evenings?			Describe any previous theatre experience you may have had (this is not essential):	
Will you be available for rehearsals on occasional Sunday afternoons?			Please indicate below if you are interested in any specific part(s):	
Are you already a member of Wilburton Theatre Group?				, op 2000, par (c),
	. We would like to ask you	r permission fo	r any such photog	are often photographed or video or sound recorded by graphs or recordings taken of you or your child on stage, in
Signature (signature of a parent or guardian if under 18):			Dated:	
Membership payments can be made online to WTG's account no. 10356727 sort code 20-46-65. Please email treasurer@wilburtontg.org.uk to notify your payment.				
All members are to adhere to the group's constitution. All personal details will be kept securely and in accordance with Wilburton Theatre Group's GDPR policy. (Copies of both documents are available on our website https://www.wilburtontheatregroup.com/)				