



## EXPRESSION OF INTEREST FORM

If you would like to take part in Whistle Down the Wind please complete this form and return to Jane by **Wednesday 10<sup>th</sup> May** at 9pm in order to attend the audition day.

You can send the form via any of the following – by email to - [haty@haosproductions.com](mailto:haty@haosproductions.com) , in person at one of the drop-ins or by post to 62 Daisy Road, Brighouse, HD6 3SX.

Please attach to this form a photo of yourself and a stamped address envelope.

Name:

Age:

Date of Birth:

Address:

Contact Number:

Email address:

Parent/Carer contact name:

Parent/Carer contact number:

Alternative emergency contact name:

Alternative emergency contact number:

School/College Attend:

**Role auditioning for:**

Please put a cross next to **ALL THE OTHER** roles below that you would also like to be considered for.

The Man		Swallow	
Amos		Candy	
Boone		Brat	
Sheriff		Poor Baby	
Minister		Ed	
Earl		Company	

Please state if you require a specific time for an individual audition on Saturday 13<sup>th</sup> May taking place from 2pm onwards. We will do our best to accommodate people's requests:

Rehearsals will take place on Wednesdays, Fridays and Sundays. Please identify below any dates you would be unavailable for or any other commitments you may have from June until the show that would clash with rehearsals. This information will help the production team produce a rehearsal schedule.

I consent to the above child becoming a member of HATY. We have read the accompanying documents which outline the expectations and requirements of involvement.

Signed parent/carer:

Date:

Signed child auditioning:

Date: