   
  
Audition Form for

***LITTLE SHOP OF HORRORS*** [2025]

To book your audition time please contact: [gareth@nktheatrearts.org.uk](mailto:gareth@nktheatrearts.org.uk)

**Please fill this form in clearly and remember to bring to your audition:**

Name…………………………………………………………………………………..……………………… Address………………………………………………………………………………………………………..

Postcode……………………………… Email address…………………………………………………….

Tel.no (mobile) ……………….………………………………………………………………………………

Age………………………………….. Height……………………………

ROLE(S) YOU ARE TO AUDITIONING FOR .……………………………………………………….….. Would you be prepared to accept other roles including ENSEMBLE? YES / NO

ANY SPECIAL SKILLS – *e.g.* dancing, singing, juggling, musical instrument playing, *etc.*

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Don’t keep secrets! Please state **any and all commitments** [family/work/holidays/other shows *etc.*] that ***may*** clash with the rehearsal period! Continue overleaf if necessary.

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Are you auditioning for, or in other NK shows?  **Yes / No** *IF YES, WHICH?*

Rehearsal Availability:

EVENINGS AVAILABLE (please circle all available) MON     TUES    WEDS    THURS    FRI

DAYS AVAILABLE (please circle all available)      SATURDAYS (12-5)    SUNDAYS (12-5)

Anything else we should know?:…………………………………………………………………………

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