



Smile snc

lingue & linguaggi del mondo

Casting on: Friday Saturday Sunday

PLEASE FILL IN THIS FORM and BRING IT INTO YOUR AUDITION

FULL NAME _____

ADDRESS _____

_____ email: _____ @ _____

CONTACT NUMBER

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DATE OF BIRTH _____ / _____ / _____

MARRIED yes no **KIDS** yes no

DRIVING LICENCE yes no

AGENT NAME (if applicable) _____

Contact number _____ / _____

You are INTERESTED in: SMILE TIE TOUR yes no

SMILE TEACHING DRAMA (only girls) yes no

Your AVAILABILITY 2010 (tick the months) : Jan Feb March April May

Have you any experiences in TIE TOURS? yes no

If yes, where and how long: _____

Have you any experiences in Teaching DRAMA? yes no

If yes, where and how long: _____

Do you have any medical conditions, allergies or any food dislikes that Smile should be aware of? Please write about it. _____

Smile Theatre Company like to place people with similar personalities/interests together. Are there any hobbies or interest that you would like to make us aware of?

Notes: _____

Thank you for completing the form!

Do you agree if we take a photo of your performance? yes no
Do you agree if we put it on Smile web site? yes no

Smile snc di Relandini Franca & C.

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