



THE TIVOLI CLUB of WA (Inc)
TIVOLI YOUTH PERFORMERS
AUDITION FORM

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone: Home: _____ **Mobile:** _____

E-mail address: _____

TYPE OF ACT – Please tick

SINGER

DANCER

OTHER _____

State type of act (ie: magician, acrobat, musician, etc.)

Previous experience if any: _____

Audition piece: Title _____

Song

Dance
