



THE TIVOLI CLUB of WA (Inc)

AUDITION FORM

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

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

E-mail address: _____

TYPE OF ACT – Please tick

- SINGER
- DANCER
- COMEDIAN
- OTHER _____

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

Previous experience if any: _____

Audition piece: Title _____

Song Dance
