

CALAMITY JANE - AUDITION APPLICATION FORM

Please bring a completed copy of this form and a recent photograph/headshot to your audition.

Please read the following information carefully: Rehearsals for *Calamity Jane* will be held from 7:30pm until 10:00pm on Monday and Wednesday evenings, commencing Monday 6th July, 2026 and from 11:30am until 4:30pm on some Saturday afternoons, commencing Saturday 18th July, 2026. Technical and dress rehearsals will be held on Monday 5th and Wednesday 7th October 2026. You will be required to attend one or more working bees, as well as bump-in and bump-out, any promotional events, and additional rehearsals that are called.

Name: _____ Age (optional): _____

Address: _____

Phone (mobile): _____ Phone (home): _____

Email: _____

I wish to audition for the following role/s: (tick whichever roles apply)

- | | |
|---|---|
| <input type="checkbox"/> Calamity Jane | <input type="checkbox"/> Adelaide Adams |
| <input type="checkbox"/> Wild Bill Hickock | <input type="checkbox"/> Rattlesnake |
| <input type="checkbox"/> Lieut. Danny Gilmartin | <input type="checkbox"/> Doc Pierce |
| <input type="checkbox"/> Katie Brown | <input type="checkbox"/> Joe |
| <input type="checkbox"/> Francis Fryer | <input type="checkbox"/> Ensemble |
| <input type="checkbox"/> Henry Miller | |
| <input type="checkbox"/> Susan | |

Please give a brief description of your previous experience:

Singing in parts: _____

Vocal Training: _____

Dance Training: _____

Drama Training: _____

Voice type and/or vocal range: _____

Are you participating in any current productions elsewhere? _____

If unsuccessful in the role you are auditioning for, are you willing to be considered for another role, join the ensemble, or help in any other capacity? Yes / No

If yes, in what capacity? _____

List any dates you will be absent during the rehearsal and/or performance season:

If cast in the show, are you interested in purchasing a Show Shirt (approx. cost \$50.00)? Yes / No

All candidates will be notified by phone or email regarding the outcome of their audition, within two weeks of the audition date. The casting decision is final, and correspondence will not be entered into. If you have any enquiries, please contact Director, Mel Hogan, on 0425242784.

You must refrain from making any public comments (e.g., on social media) regarding audition outcomes for *Calamity Jane* until after the cast is announced officially by the Production Team.

Child Safety

I acknowledge that my acceptance and continued membership of DMS is dependent upon ongoing compliance with the requirements of the Child Protection (Working with Children) Act (2012), the Child Protection (Working the Children) Regulation (2013), and the Working with Children Check (WWCC) requirements set out by the Office of the Children's Guardian.

I acknowledge that, if I am over 18 years of age, I will require a current WWCC to participate in this production.

Signature (Caregiver's if auditionee under 18): _____

Date: _____

Please note: The information supplied on this form will be kept in confidence. It may be used by DMS to notify you of further shows/auditions unless you request otherwise.

Please do not place me on the DMS Mailing List.

Audition Panel to Complete

Singing voice:

Diction: _____ Volume: _____

Range: _____ Tone: _____

Pitch: _____

Speaking voice:

Volume: _____ Expression: _____

Characterisation: _____

Other Comments: _____

Role(s) suitable for: _____