



# Redroofs School for the Performing Arts

## Two Day Vocational Training Package Application Form

For Young Performers in Training ages 10-18 years

I wish to be considered for the Acting & Musical Theatre Specialism (please tick)

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I wish to be considered for the Dance & Musical Theatre Specialism (please tick)

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First Name of Prospective Pupil		
Last Name of Prospective Pupil		
<b>Address</b>		
Street Address		
City		
County		
Post Code		
Country		
Date of Birth		
Telephone Number (Parent 1)		
Telephone Number (Parent 2)		
Contact Email Address (Parent 1)		
Contact Email Address (Parent 2)		
<b>I wish to be considered for Agency Representation</b>	Required (please tick) Not required (please tick)	
Current School		
Current School Year		
Professional Experience (if any)		



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Dance Experience		
Ballet (Current Grade and Syllabus)		
Modern Dance (Current Grade and Syllabus)		
Tap Dance (Current Grade and Syllabus)		
Street/Commercial Dance		
Drama & Singing Qualifications and Grades to date		
Acro/Gymnastics Experience (if any)		
I confirm that to the best of my knowledge, the information I have submitted is correct (please sign)		
<b>RECORDED AUDITION</b>		



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I will be sending over a recorded audition via We Transfer *Auditions must be sent to: <a href="mailto:info@redroofs.co.uk">info@redroofs.co.uk</a>		
<b>RECORDED AUDITION</b> I have made a bank transfer for the audition fee of £35.00 *Please use your child's name as reference		
<b>LIVE AUDITION</b> I would like to book a LIVE Audition *You will be contacted once the form is submitted and payment has been made		
<b>LIVE AUDITION</b> I have made a bank transfer for the audition fee of £48.00 *Please use your child's name as reference		