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**BOB HOPE THEATRE ACTORS’ COMPANY**

**BOB HOPE THEATRE, WYTHFIELD ROAD, ELTHAM, LONDON, SE9 5TG**

**Tel: 0208 850 3702 -** [**www.bobhopetheatre.co.uk**](http://www.bobhopetheatre.co.uk) **e:** [**teamdiva2021@gmail.com**](mailto:teamdiva2021@gmail.com)

*Audition date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:* ***Bob Hope Theatre, SE9 5TG***

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parts Interested In: (Please circle the parts you’re willing to be considered for)*

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| **KING/QUEEN RAT: (MALE/FEMALE)** | **BARON ALDERMAN FITZWARREN: (MALE)** | **ALICE FITZWARREN: (FEMALE)** |
| **SARAH SULLIVAN: (MALE)** | **JACK SULLIVAN: (MALE)** | **DICK WHITTINGTON: (MALE/FEMALE)** |
| **TRAITOR: (MALE/FEMALE)** | **SNITCH: (MALE/FEMALE)** | **FAIRY BO BELLS: (MALE/FEMALE)** |
| **TIDDLES THE CAT: (MALE/FEMALE)** | **CAPTAIN McBOATY BOATFACE: (MALE)** | **SULTAN OF MOROCCO: (MALE)** |
| **CHORUS: (MALE AND FEMALE)** |  |  |

If you do not get the part(s) above, do you want to be considered for another part or be involved in the production (prompt, backstage, other) *delete as appropriate*  **YES/NO**

*Dates not available (Please put any dates you are unavailable for rehearsals)*

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| --- | --- | --- | --- | --- |
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**Are you currently a member of the Bob Hope Theatre? YES/ NO**

**If you are cast and are over 18, you will need to become a member of the Bob Hope Theatre. If you are not already a member, the £10 membership fee is payable at the first rehearsal.**

**A show fee of £20 is also payable by all cast members at the first rehearsal.**

***Please complete this form as fully as possible and hand it in before you audition***