

# Audition Application Form 2025



MUSICAL  
THEATRE  
ACADEMY

AT THEATRE ON THE BAY

Please complete this Application Form and return it to [info@lamta.co.za](mailto:info@lamta.co.za)

Please indicate which Course you are enrolling in with an X:

LAMTA First Year 2026

Audition City:

LAMTA Launchpad 2026

Audition Date:

Your Hometown:

## 1. APPLICANT'S DETAILS

First & Middle Name	<input type="text"/>				
Last Name	<input type="text"/>				
ID/Passport Number	<input type="text"/>				
Nationality	<input type="text"/>				
Date of Birth	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
Physical Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Email Address	<input type="text"/>				
Contact Number	<input type="text"/>				
Citizen Status	A South African Citizen	<input type="checkbox"/>	A Permanent Resident	<input type="checkbox"/>	
	International Student With A Study Visa (Please Specify)				
Home Language	<input type="text"/>				
Other Language/s	<input type="text"/>				
Do you have any Siblings Enrolled at LAMTA?	Yes		No		

**\*Please provide a certified copy of ID/Passport with this application**

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## 2. PARENT / GUARDIAN DETAILS

Parent 1 / Guardian 1 Full Name	
ID / Passport Number	
Contact Number	
Email Address	
Physical Address	
Marital Status	
Occupation	
Employer	
Parent 2 / Guardian 2 Full Name	
ID / Passport Number	
Contact Number	
Email Address	
Physical Address	
Marital Status	
Occupation	
Employer	

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## 3. EDUCATION AND TRAINING TO DATE

School   College   University	
Where is your school, college or university based:	
Highest grade/certificate/qualification	
Other education/academic certificates / qualifications School, College or University	
Have you had any acting training? Please include names of teachers/studios and length of training.	
Have you had any singing training? Please include names of teachers/studios and length of training.	
Have you had any dance training? Please include names of teachers/studios and length of training.	
Other Training/Experience (Musical instruments, Gymnastic, etc)	

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## 4. MEDICAL

Do you have any physical conditions or limitations that you feel we should be aware of?	
Have you had any serious injuries?	
Are you on any regular medication? (Including supplements and homeopathic)	
Are there any mental health or wellness concerns you feel would be necessary to share with us?	

## 5. FINANCIAL

PLEASE PROVIDE DETAILS OF THE PERSON WHO WOULD BE RESPONSIBLE FOR FEES

Full Name:	
Relationship To Applicant	
ID or Passport Number:	
Contact Number:	
Email Address:	
LAMTA AUDITION FEE:	R1000,00
LAMTA Bank Details:	Luitingh Alexander Musical Theatre Academy, First National Bank Cheque Account 62783450358 Branch Code 250655

Please Note: Audition fee is non-refundable unless the audition is canceled by LAMTA.  
Please send Proof of Payment with Application form to [info@lamta.co.za](mailto:info@lamta.co.za) and [admin@lamta.co.za](mailto:admin@lamta.co.za).

# Bursary Application Form 2024

## 6. SUPPORTING DOCUMENTS

Certified Copies of the following documents must be attached to this Application

1. SA ID Documents of the student and mother or father or guardian.
2. Matric Certificate (if you've completed Grade 12).
3. Latest University/College Results (if currently in University/College).
4. Motivation Letter from the applicant as to why they wish to study at LAMTA

## 7. DECLARATION

1. I hereby declare that all the information provided in this application form is complete and correct.
2. I hereby acknowledge that if any of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.
3. I give LAMTA permission to validate the information I have provided with third parties.
4. To process your application, LAMTA requires the above information as requested in the application form, some of which might fall within the definition of Personal Information as defined in the Protection of Personal Information Act of 2013.

<b>Name of Applicant</b>			
	<b>Signature</b>	<b>Place</b>	<b>Date</b>
<b>Signature of Applicant</b>			
<b>Name of Parent / Guardian 1</b>			
	<b>Signature</b>	<b>Place</b>	<b>Date</b>
<b>Signature of Parent / Guardian 1</b>			
<b>Name of Parent / Guardian 2</b>			
	<b>Signature</b>	<b>Place</b>	<b>Date</b>
<b>Signature of Parent / Guardian 2</b>			