

LAMTA AUDITION APPLICATION FORM: 2020 INTAKE

AUDITION INFORMATION

Audition City		Audition Date	
---------------	--	---------------	--

APPLICANT DETAILS

First Name			
Middle Name(s)			
Last Name			
ID/Passport Number*			
Nationality			
Date of Birth		Age	
Gender			
Physical Address			
Email Address			
Contact Number			
<i>*Please provide a certified copy of ID/Passport with this application</i>			

PARENT / GUARDIAN DETAILS

Parent/Guardian Name			
Contact Number		Email Address	
Physical Address			
Parent/Guardian Name			
Contact Number		Email Address	
Physical Address			

TRAINING HISTORY

Acting Training/Experience	
Please include names of teachers/studios and length of training.	
Singing Training/Experience	
Please include names of teachers/studios and length of training.	
Dance Training/Experience	
Please include names of teachers/studios and length of training.	
Other Training/Experience (Musical instruments, Gymnastic, etc)	
Please include names of teachers/studios and length of training.	
<i>If you require more space, please submit an additional page entitled 'Training History Continued'</i>	

ACADEMIC DETAILS

Highest grade/certificate/qualification*	
School, College or University	
Other education/academic certificates/qualifications	
School, College or University	
<i>*Please provide a copy of your highest grade/certificate/qualification with this application</i>	

MEDICAL INFORMATION

Do you have any medical conditions (physical or mental) that we should be aware of?
Are you on any regular medication? (Including supplements and homeopathic)
Have you had any serious injuries in the last 5 years?

FINANCE

Please provide details of the person who would be responsible for fees

Full Name	
Relationship to Applicant	
ID/Passport Number*	
Contact Number	
Email Address	

*Please provide a certified copy of ID with this application

AUDITION FEES

LAMTA Audition Fee	R650.00
Please Pay via EFT to:	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 admin@lamta.co.za

ACKNOWLEDGEMENT

The undersigned hereby declares all information on this application form to be correct.

Name of Applicant	
Signature of Applicant	
Signed on this _____ Day of _____, 2019 at _____	
Name of Person who would be responsible for fees	
Signature of Person who would be responsible for fees	
Signed on this _____ Day of _____, 2019, at _____	