



**EASTERN METROPOLITAN REGION
YOUTH CONCERT 2009**

THE ARTS CENTRE HAMER HALL ~ 7.30pm Wednesday June 3

ACTOR APPLICATION

NAME (STUDENT): _____ HOME TEL: _____

Please print clearly in block letters for use in the program.

SCHOOL: _____ YEAR LEVEL: _____

HOME ADDRESS: _____ POSTCODE: _____

HOME EMAIL ADDRESS: _____ (please provide a working email address, as important correspondence will be emailed directly to students)

HAVE YOU PARTICIPATED IN PREVIOUS REGIONAL CONCERTS? Yes No

If yes, give details of year(s) & role(s):

PLEASE PROVIDE DETAILS OF YOUR PREVIOUS PERFORMING EXPERIENCE:

Return this form with a short audition DVD and/or photo to:

EMR Instrumental Music Coordinators, 456 Springfield Road, Mitcham 3132 by

WEDNESDAY APRIL 1