The Tivoli Club of WA (Inc.)
Audition Form

Full Name _____

Address _____

_____ Postcode _____

Telephone: Home _____

Mobile _____

Email _____

Date of Birth _____

TYPE OF ACT: Please Tick

- ☐ SINGER
- ☐ DANCER
- ☐ COMEDIAN
- ☐ OTHER _____

State type of act (ie: magician, acrobat etc)

Previous Experience if any: _____

_____

Audition Piece: Title _____

Name of Song/Dance

Please specify: Tape Side _____ Track No. _____

CD Side _____ Track No. _____

Please Post to "The Tivoli Club of WA, PO Box 3050, Success WA 6964".