COTSWOLD SAVOYARDS

Application for Membership

Name:	_							
Address:								
Tel:								
Mobile:								
Email:								
Please indicate below the category of membership for which you are applying:								
☐ Singing	☐ Non-singing ☐ Non-performing		erforming					
Tick as approp	riate:							
☐ Soprano ☐ Stage crew	☐ Alto ☐ Wardrobe	□ Tenor □ Make-up	☐ Baritone☐ Properties					
Are you interes	Are you interested in:							
☐ Shows		Concerts	☐ Both					
Give details of any previous experience:								

DECLARATION

I accept that, as a member, I will be expected to attend rehearsals when called in the weeks preceding a show or concert and that my apologies must be given to whoever is taking the rehearsal if I am unable to attend. This includes orchestral rehearsals where appropriate.

Cotswold Savoyards

Musical Representative

Date:

I understand that being a member	does not automatically	entitle me to	o be in a
show or concert.			

I agree to pay the appropriate fee as listed below if following an audition, I am accepted.

Full membe Student / U Non-perfor	•	£30.00 £15.00 £15.00
Signed:	Date:	
Please return complete Miss Lisa Crowhurst, c/o secretary@cotswoldsay	o 107 Chosen Way, Huc	y: clecote, Gloucester, GL3 3BX or
AUDITION PIECE		
PANELS REMARKS	☐ Successful	☐ Unsuccessful
PANELS REMARKS	Successful	□ Unsuccessful