

SISTER ACT – CAST MEMBER INFORMATION

NAME:	
ROLE(S):	
I WOULD LIKE TO ACCEPT THE PART	I AM NO LONGER ABLE TO TAKE PART AND WOULD LIKE TO DECLINE MY OFFERED ROLE
<i>Please tick the relevant box above</i>	

CAST MEMBER MOBILE NUMBER	
HOME TELEPHONE NUMBER	
CAST MEMBER EMAIL ADDRESS	

INFORMATION REQUIRED BY THE COSTUME HIRE COMPANY

FEMALE	
DETAILS REQUIRED	PLEASE PROVIDE MEASUREMENTS IN FEET & INCHES
HEIGHT	
BUST	
WAIST (narrowest point of torso)	
HIPS	
UNDERARM (from pit to wrist)	
NAPE OF THE NECK TO WAIST	
WAIST TO FLOOR	
HEAD SIZE (Circumference in cm)	
SHOE SIZE	

MALE	
DETAILS REQUIRED	PLEASE PROVIDE MEASUREMENTS IN FEET & INCHES
HEIGHT	
CHEST	
WAIST (narrowest point of torso) AND Trouser size	
INSIDE LEG - to ankle bone	
BACK WIDTH (across shoulders)	
UNDERARM (from pit to wrist)	
ARM (straight) shoulder to wrist	
NAPE OF THE NECK TO WAIST	
SHIRT COLLAR SIZE	
HEAD SIZE (Circumference in cm)	
SHOE SIZE	

EMERGENCY CONTACT DETAILS FOR REHEARSALS OUTSIDE SCHOOL HOURS

NAME OF EMERGENCY CONTACT:	
RELATIONSHIP TO PUPIL:	
TELEPHONE NUMBER:	
CAST MEMBER MEDICAL INFORMATION OF WHICH YOU SHOULD BE AWARE:	

PARENT EMAIL ADDRESS: Please supply an email address if you would like to receive rehearsal information	
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I give permission for my son/daughter to take part in the St. Aidan's production of SISTER ACT. I can confirm availability for the following dates:

- Sunday 4th November Full Cast, Orchestra, Crew rehearsal 10:00 – 16:00 (tbc)**
- Sunday 11th November Full Cast, Orchestra, Crew rehearsal 10:00 – 16:00**
- Sunday 18th November Full Cast, Orchestra, Crew DRESS + TECH 10:00 – 17:00**

I consent to any emergency medical treatment should it become necessary:

Signature of Parent/Guardian:.....

Date:.....

**THIS FORM CAN BE SENT TO SCHOOL FOR THE ATTENTION OF MRS BRAY
OR EMAILED TO: f.bray@staidans.co.uk**