

**Cast & Crew Application**

**Theatre Season: 19 – 23 September 2017**

Adelaide Gang Show Applications, PO Box 8056, Station Arcade, SA 5000

[www.adelaidegangshow.com](http://www.adelaidegangshow.com).au | [gangshow@sa.scouts.com.au](mailto:gangshow@sa.scouts.com.au)

If you are aged 8 or above (at the time of the show in September), or a parent, friend or support of Scouts or Guides, you are invited to be part of the Adelaide Gang Show. To be on stage as part of the cast, you must be an **ACTIVE** and **REGISTERED MEMBER** of Scouts or Guides Australia. **Please return completed application form to the above address.** Further details on eligibility, please contact either:

|  |  |
| --- | --- |
| **Administration Director** | Jacqui Wall |
| **H** 8182 5328 **M**  0411 660 506 **E** [administration@adelaidegangshow.com.au](mailto:administration@adelaidegangshow.com.au) | |
|  | |
| **Production Director** | Darran Swain |
| **H** 8322 2885 **M**  0418 826 791 **E** [production@adelaidegangshow.com](mailto:production@adelaidegangshow.com.au).au | |

**PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DR MR MRS MISS MS (Please circle one) | | | SCOUT/GUIDE MEMBERSHIP # | | |
| GIVEN NAME | | | SURNAME | | |
| PREFERRED NAME | | GENDER | | DATE OF BIRTH | |
| ADDRESS SUBURB POSTCODE | | | | | |
| PHONE # | MOBILE # | | | | EMAIL |
| **BY PROVIDING GANG SHOW WITH THE INFORMATION BELOW, WE MAY BE ABLE TO SUPPORT AND PROMOTE YOUR BUSINESS THROUGHOUT THE SEASON AND SHOW WEEK.** | | | | | |
| OCCUPATION (optional):  Parent:  Gang Member: | COMPANY NAME: | | | | DO YOU OWN A BUSINESS? IF SO WHAT IS THE NAME: |

**MEMBERSHIP DETAILS** Please indicate current membership (circle one only)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I am an active | SCOUT | | GUIDE | VENTURER | RANGER | | ROVER | | LEADER |
| I am a | PARENT | | SUPPORTER | OTHER: | | | | | |
| SCOUT/GUIDE GROUP | |  | | | | MEETING NIGHT | |  | |

**AUDITIONS:** Auditions for Cast will be held as listed below at Payneham Youth Centre Turner St Felixstow or at Scouts Australia (SA Branch) Headquarters, 211 Glen Osmond Road, Frewville.

**PLEASE SELECT THREE PREFERENCES FOR YOUR AUDITIONS FROM THE DATES BELOW**.

Payneham Youth Centre Monday 20th March 7.00 PM Monday 27th March 7.00PM Monday 3rd April 7.00PM

SCOUT HEADQUARTERS SATURDAY 8th April 1.15PM

Rehearsals are held every Monday evening from 8/5/17 to 11/9/17 at Payneham Youth Centre 7.00pm to 9.30pm

**TWO WEEKEND REHEARSALS WILL BE HELD ON THE FOLLOWING DATES**

Saturday 24th June 12.00 Midday until 5.00 pm on Sunday 25th June.

Saturday 26th August 12.00 Midday until 5.00pm on Sunday 27st August.

AN ALL DAY REHEARSAL WILL BE HELD ON Sunday 30th July

Saturday 16th Sept / Sunday Sept. 17th rehearsals at the Scott Theatre.

**GANG SHOW DEPARTMENTS:** Please indicate your preferred department. Please indicate more than one option if selecting cast.

**PRODUCTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | CAST |  | PRODUCTION |  | COSTUMES |  | PERSONNEL |

ORCHESTRA Indicate Instrument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMIN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ADMINISTRATION |  | CATERING |  | FRONT OF HOUSE |  | HOSPITALITY |

**MARKETING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MARKETING |  | FUNDRAISING |  | PUBLICITY |

**TECHNICAL**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | AUDIO |  | | AUDIO VISUAL | |  | | COMMUNICATIONS | |  | \*ELECTRICAL |
|  | LIGHTING |  | | LOFT | |  | | MAKE UP | |  | PROPS |
|  | SCENIC ART |  | STAGE | |  | | TECHNICAL | | \*Electrical: Qualified Electricians Only | | |  |

**EMERGENCY CONTACT**

|  |  |
| --- | --- |
| NAME |  |
| RELATIONSHIP TO APPLICANT |  |
| ADDRESS |  |
| CONTACT PHONE |  |
| MOBILE PHONE |  |

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| --- | --- | --- | --- | --- | --- | --- |
| HEALTH AND FITNESS ASPECTS OF MEMBER THAT LEADERS SHOULD BE ADVISED OF, INCLUDING ANY MEDICATION, WITH INSTRUCTIONS, THE CHILD WILL BE BRINGING | | | | | | |
|  | | | | | | |
|  | | | | | | |
| KNOWN ALLERGIES | |  | | | | |
| DIETARY REQUIREMENTS | |  | | | | |
| MEDICARE # |  | | AMBULANCE COVER | | YES | NO |
| DOCTOR’S NAME |  | | | PHONE |  | |

## AGREEMENTS AND AUTHORITIES

**Medical**

I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result which are not covered by the Association’s insurance policies.

**Explanation of Scout Association Insurance**

Scouts Australia (SA Branch) maintains insurance policies designed to cover Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

**Consent to Use of Image**

I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts.

**Privacy Policy**

Scouts Australia (SA Branch) has always respected the privacy of its members and customers and understands the importance you place on the protection of person information in its care. Scouts Australia (SA Branch) has a Privacy Policy which conforms with current Commonwealth legislation and copies of this are available from us on request, or from our website. From time to time we may contact you to offer you products or services.

**Adelaide Gang Show Agreement**

This is an important agreement between you and Adelaide Gang Show. Keep in mind that the Scout and Guide laws govern all we do in Gang Show. You will be expected to show that you uphold the Promises you have made when joining the movement.

**Attendance** Always be punctual and attend all rehearsals and workshops. Always let your Patrol Leader or Department Head know if you are going to be late or absent.

**Uniform** Gang Show is proudly part of the Scouting and Guiding Associations, which are uniformed movements. Adelaide Gang Show’s own rehearsal uniform requirements are: *black or dark blue tracksuit pants OR dark blue jeans, black Gang Show Rugby top and appropriate footwear.* Gang Show neckies must be worn at all times as it helps to identify between cast/crew members and the public. All members are expected to wear full and correct rehearsal uniforms to and from all official Gang Show functions – including rehearsals, performances and other appropriate occasions. Your uniform reflects on the Gang Show image and is an indication of your pride and interest in being part of the Gang

**Smoking** Members of the Gang who are under 16 are not permitted to smoke unless a note of approval from their parents has been presented to the Director

**Alcohol** At no time are those under 18 years old to consume or to be in the possession of alcohol. Consumption of alcohol for those over 18 is only permitted at over 18 functions ie after show and after rehearsal functions

**Medication** All medication being taken during Gang Show rehearsals or performances must be given to the Personnel Department with instructions relating to it’s administration

**Ticket Sales** Gang Show’s success is reliant on ticket sales. By becoming part of the Gang, everyone accepts responsibility to do their part to sell at least 10 tickets.

**Paracetamol Authority**

I **do / do not** give permission for any member or other official representative of Scouts Australia to give me / my son/daughter paracetamol/disprin/aspirin if requested by the applicant or this action is believed to be appropriate.

## APPLICANT’S AGREEMENT

I wish to apply as a Member of Gang Show. I understand the Promise and Law and agree to the rules of the Gang Show as set out.

**APPROVAL**

I give permission for my child to attend all rehearsals, including the two weekend sleepovers rehearsals and bump in weekend.

|  |  |  |
| --- | --- | --- |
| Signature of Applicant: |  | Date ………./………./ 20\_ |

## APPROVALS (if applicant is under 18 years of age)

|  |  |  |
| --- | --- | --- |
| Parent / Guardian: |  | Date ………./………./ 20 |