





## 25th KORIMUL GANG SHOW 2022 APPLICATION FORM

Application for: Cast	Backstage Band	Admin Other					
1. PERSONAL DETAILS							
First name	Last name						
Date of Birth	Scout/Guide Membership Number						
Address	Suburb	Post Cod	le				
Phone (H)	(W)	(M)					
Email:	Working with Children Number:						
2. SECTION/UNIT PERMISSION (	to be completed by your Sect	tion or Unit Leader)					
Tick Scout Guide	Venturer Senior Guide	Rover Olave Le	ader Fellowship				
I certify that the applicant is a curre	ent and active member of the fol		<del></del>				
& the membership number above is			orimul Gang Show.				
Signed:	Name (please print):						
Position:	Group/Unit:						
3. PREVIOUS THEATRICAL EXPI	ERIENCE (NOTE: Experience	not necessary for participation	<u>n)</u>				
Acting Singing Dan	cing Backstage	Administration Technica	l Musician				
Please Specify Experience (e.g. Sc	:hool Plays, Arcadians, etc.)						
4. SUPPORT I or my Spouse/Parent/Guardian/Fr  Costumes Administration	riend car		Technical/Backstage				
5. SPONSORSHIP/ADVERTISING Please list any companies or busin newsletter or program or other spor	ess that you think may be able	to support Gang Show by way	of advertising in KGS				

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6. MEDICAL INF	ORMATION (to be	completed by Parent/Gua	ardian if applica	nt under 18)	
		ronic or recurrent ailment, a are. Please provide details a			
Does the participa	ant have any disabi	lity or chronic illness or nee		alth care? Yes	
		n allergies?  Yes Detai	ls:		
Does the participa	ant have any specia	al food requirements? Y	es Details:		
Does the participa	ant suffer from any	of the following?			
Epilepsy:	Yes Diabetes:	Yes Asthma: Yes	es		
Details:					
		Other			
In case of emerge	ency contact:		Telephone:		
7. CAST MEASU	REMENTS. Must	be completed when regis	tering.		
All Measurements	s in cm. Outside leg	measurement is from wais	st to ground.		
HEIGHT		CHEST/BUST		OUTSIDE LEG	
NECK		WAIST		SHOE SIZE	
	·	HIPS			
		by all applicants) ts: Please read the Korimul	Gang Show 202	2 Information Shee	et and the Consent &
Indemnity section	of this form before	signing as it forms the act	ivity notification	for the 2022 Korim	ul Gang Show. This
section <b>must</b> be o	completed and retu	rned to Korimul Gang Show	v before the appl	icant can participat	e.
		s set by the Korimul Gan			nderstand that I am
expected to atte	nd all scheduled r	ehearsals, performances	and associated	activities.	
Applicant Signatu	ıre:		Date:		
		& INDEMNITY (If applicar			
		ervant of The Scout Associan such urgent medical ass			
including the adm	ninistration of any a	anaesthetic or blood transfu	ision as he or sl	ne may consider e	xpedient and for this
		ders, ambulance officers,			
		agree to pay the said Asso than fees and expenses re			
insurance).		·	•		,, ,
I have read the in	formation regarding	ideo will be taken and may g the commitment expected I related rehearsals, camp a	d by the applican	it. I consent to my	
Signed:			Date:		
Pa	rent/Guardian				