



Anne of Green Gables the Musical

PLEASE PRINT

AUDITION DATE: _____

NAME: _____ AGE RANGE: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

MOST CHECKED EMAIL: _____

HOME PHONE: _____ CELL: _____

PLEASE NAME THE TWO SONGS YOU WILL BE PERFORMING AND THE SHOW THEY FROM:

1. SONG _____ SHOW _____

2. SONG _____ SHOW _____

ARE YOU CURRENTLY A MEMBER IN GOOD STANDING OF OSHAWA LITTLE THEATRE: YES ___ NO ___

DO YOU WISH TO BE PLACED ON THE OLT EMAIL LIST FOR FUTURE AUDITION NOTICES AND INFORMATION?
YES ___ NO ___

ARE YOU A MEMBER OF ANY OTHER COMMUNITY THEATRE GROUPS? IF SO, PLEASE INDICATE WHICH ONE(S):

ARE YOU A MEMBER OF ACTOR'S EQUITY OR ANY OTHER THEATRICAL BASED UNION? YES ___ NO ___

NOTE: OLT DOES NOT NEGOTIATE ANY CONTRACTS WITH ACTORS' UNIONS AND NO CAST MEMBERS ARE PAID.

PLEASE INDICATE THE ROLES YOU WISH TO BE CONSIDERED FOR IN ORDER OF PREFERENCE:

ARE YOU WILLING TO BE CONSIDERED FOR ANOTHER ROLE? YES ___ NO ___

PLEASE INDICATE ALL DANCE EXPERIENCE:

IF YOU ARE NOT CAST AS A PERFORMER WOULD YOU BE WILLING TO WORK AS PART OF THE PRODUCTION CREW? _____
IF SO, WHAT AREA? _____

PLEASE LIST SPECIFIC DATES THAT YOU ARE UNABLE TO ATTEND REHEARSAL (PLEASE REFER TO THE AUDITION NOTICE FOR REHEARSAL DATES)

PLEASE LIST ANY UNIQUE TALENT/ABILITY THAT YOU THINK IS INTERESTING OR ARE PROUD OF: (ETC. JUGGLING, ACROBATICS, PLAYING AN INSTRUMENT, ETC.)

PLEASE INDICATE IN WHICH OF THE FOLLOWING OFF-STAGE PRODUCTION AREAS YOU HAVE AN INTEREST OR EXISTING EXPERTISE:

SET CONSTRUCTION ___ PROPS ___ COSTUMES ___ FRONT OF HOUSE DISPLAYS ___ LIGHTING ___ PAINTING ___
PUBLICITY ___ OTHER _____

ARE YOU CURRENTLY INVOLVED IN, OR DO YOU PLAN TO BECOME INVOLVED IN, ANY OTHER PRODUCTION[S] BEFORE THE CLOSE OF THE SHOW? IF SO, PLEASE SPECIFY THE SHOW DATES AND THE NATURE OF THE INVOLVEMENT:

ARE THERE ANY OTHER SHOWS FOR WHICH YOU HAVE AUDITIONED RECENTLY, BUT FOR WHICH YOU HAVE NOT HEARD WHETHER YOU ARE BEING CAST, OR ARE THERE ANY OTHER SHOWS FOR WHICH YOU INTEND TO AUDITION WITHIN THE NEXT FEW WEEKS?

ARE THERE ANY ALLERGIES OR MEDICAL CONDITIONS THAT THE PRODUCTION TEAM SHOULD BE AWARE OF?

IF YOU HAVE A RESUME THEN PLEASE ATTACH TO THIS FORM; IF NOT, THEN PLEASE COMPLETE THE LAST PAGE.

I UNDERSTAND THAT IF I AM CAST AND CHOOSE TO BE INVOLVED IN THE PRODUCTION THAT I MUST BE A MEMBER OF OSHAWA LITTLE THEATRE AND THAT I AM AVAILABLE FOR ALL PERFORMANCES (INCLUDING TECH WEEK REHEARSALS)

SIGNATURE

PARENT'S SIGNATURE (IF AUDITIONEE IS UNDER 16)

TO BE COMPLETED WHEN NO RESUME IS AVAILABLE:

PERFORMANCE EXPERIENCE – FROM MOST RECENT

YEAR	THEATRE/ORGANIZATION/SCHOOL	ROLE

PLEASE LIST ANY ACTING/VOCAL/DANCE TRAINING YOU HAVE HAD:

ANYTHING ELSE YOU WOULD LIKE TO TELL US?
