



# One Flew Over the Cuckoo’s Nest

PLEASE PRINT

AUDITION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE RANGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MOST CHECKED EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

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 \_\_\_

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

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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:

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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?

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

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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)

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SIGNATURE

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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:

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ANYTHING ELSE YOU WOULD LIKE TO TELL US?

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