



PLEASE PRINT

AUDITION DATE: _____

NAME: _____ AGE RANGE: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

MOST CHECKED EMAIL: _____

CELL: _____

Are you currently a member in good standing of OSHAWA LITTLE THEATRE: 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 that 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 including ensemble (please be honest) 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)

Please list any unique talent/ability that you think is interesting or are proud of: (etc. juggling, acrobatics, playing an instrument, etc.)

Please provide your vocal range (if known)

soprano mezzo soprano alto tenor baritone bass

Please note that cast members will be required to contribute five (5) hours toward production-related areas. Please indicate any areas where you have an interest and/or existing expertise. Casting decisions are not made based on your response to this question.

- Set Construction
- Set Painting
- Properties
- Costumes
- Technical (Sound/Lighting)
- Social Event Planning
- Social Media Content Creation

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?

if you have a resume and or picture 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:

VOCAL TYPE: SOPRANO ALTO TENOR BASS

ANYTHING ELSE YOU WOULD LIKE TO TELL US?
