

Audition # \_\_\_\_\_

# OREGON COMMUNITY THEATRE

## Audition/Contact Information



Reading/Music	_____
Dance	_____
Fitting	_____

Please fill out as much of the requested information at possible, or check the appropriate choice where applicable.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in  
 City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Phone: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Gender: Male  Female

### PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

Role: \_\_\_\_\_  
 Company: \_\_\_\_\_ Year: \_\_\_\_\_  
 Role: \_\_\_\_\_  
 Company: \_\_\_\_\_ Year: \_\_\_\_\_  
 Role: \_\_\_\_\_  
 Company: \_\_\_\_\_ Year: \_\_\_\_\_

### ROLE YOU ARE AUDITIONING FOR:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

If not cast in one of these roles

Would you accept another role? Yes  No

### OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working a crew? Yes  No

#### Other Applicable Skills

Back Stage Crew <input type="checkbox"/>	Choreography <input type="checkbox"/>	Costumes/Sewing <input type="checkbox"/>	Front of House <input type="checkbox"/>
Lighting <input type="checkbox"/>	Make-Up <input type="checkbox"/>	Photography <input type="checkbox"/>	Props <input type="checkbox"/>
Public Relations <input type="checkbox"/>	Puppetry <input type="checkbox"/>	Rigging/Flying <input type="checkbox"/>	Set Building <input type="checkbox"/>
Set Painting <input type="checkbox"/>	Sound <input type="checkbox"/>	Special Effects <input type="checkbox"/>	Spotlight <input type="checkbox"/>
Stage Management <input type="checkbox"/>	Usher <input type="checkbox"/>		

**ARE YOU CURRENTLY PERFORMING IN OR REHEARSING FOR ANYTHING NOW?**

Please note the show and schedule below:

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**ARE THERE ANY POTENTIAL SCHEDULING CONFLICTS YOU'RE CURRENTLY AWARE OF?**

Please list conflicts below:

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**HOW DID YOU HEAR ABOUT THIS AUDITION?**

Billboard  E-Mail Notice  Friend  Facebook  Our Website   
Newspaper  Which One \_\_\_\_\_  
Other  Explain \_\_\_\_\_

**MUSIC AND DANCE TRAINING:**

Can you read music? Yes  No   
Singing ability: None  Amateur  Trained ( \_\_\_\_\_ Years)  
Voice: Bass  Tenor  Baritone  Alto  Soprano   
Instruments you play: \_\_\_\_\_  
Skill: Beginner  Intermediate  Advanced

**DANCE / MOVEMENT:**

Ballet  Tap  Jazz  Contemp/Modern  Hip-Hop  Ballroom   
Other  Style (If Other): \_\_\_\_\_ # of Years: \_\_\_\_\_  
Skill: Beginner  Intermediate  Advanced

If not cast in a role

Would you accept an ensemble role? Yes  No

**This Section is for Musicals Only**

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
Parent of Guardian Info (if under 18): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

***Thank you for your interest in our production! We appreciate your sharing your talent with us and look forward to the opportunity to work with you.***