

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

# OREGON COMMUNITY THEATRE

## Audition/Contact Information



Reading/Music	_____
Dance	_____
Fitting	_____

*Please fill out as much of the requested information as possible.*

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"/>	Box Office <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:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Please list conflicts below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

<b>This Section is for Musicals Only</b>	<b><u>MUSIC AND DANCE TRAINING:</u></b>
	Can you read music? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Singing ability: None <input type="checkbox"/> Amateur <input type="checkbox"/> Trained (____ Years)
	Voice: Bass <input type="checkbox"/> Tenor <input type="checkbox"/> Baritone <input type="checkbox"/> Alto <input type="checkbox"/> Soprano <input type="checkbox"/>
	Instruments you play: _____
	Skill: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
	<b><u>DANCE / MOVEMENT:</u></b>
	Ballet <input type="checkbox"/> Tap <input type="checkbox"/> Jazz <input type="checkbox"/> Contemp/Modern <input type="checkbox"/> Hip-Hop <input type="checkbox"/> Ballroom <input type="checkbox"/>
	Other <input type="checkbox"/> Style (If Other): _____ # of Years: _____
	Skill: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
If not cast in a role	
Would you accept an ensemble role? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
Parent or 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.***