



The Academy at OCT Audition Form

Audition #

Show _____

NAME: _____ Age: _____

School: _____ Grade: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Cell/Emergency Phone: _____

Why do you want to participate in this project? _____

Please review the rehearsal and performance schedule and list any anticipated schedule conflicts with rehearsal:

Please list any "special skills" (Examples: juggling, gymnastics, stage combat, playing an instrument, etc.)

For ages 16 & up, if you are not cast, are you interested in being on our crew? Yes, please! No, thank you!

List any past experience or classes (Use back of page or attach resumé)

Show/Class	Role	Theatre/School

I understand that any successful production depends on commitment, cooperation, and teamwork. If I am selected, I will make every effort to be supportive and cooperative and do my part to make this a success. **I understand that excessive absenteeism, poor behavior, or attitude will result in my release from this project without tuition reimbursement.**

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____