

## OPPA! Audition Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Character Genders you are open to play: \_\_\_\_\_

List the Roles you would like to be considered for: \_\_\_\_\_

If you are not cast in the above role(s), will you accept any role: \_\_\_\_\_

I must be: (choose ONLY one) SINGLE CAST \_\_\_\_\_ DOUBLE CAST \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

Have you read the:

Audition disclosure for this show: \_\_\_\_\_ OPPA! Auditions Standards \_\_\_\_\_ OPP! Actors Agreement: \_\_\_\_\_

Previous theatre/singing experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills or Talents (dancing, singing, musical instrument, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested (cast or not cast) to help with: (Circle all that apply)

Costumes

Props

Sets

Music

Box Office

Concessions

Marketing

Childrens Classes

Backstage

What is your favorite musical? \_\_\_\_\_

What Pizza best describes your Personality? \_\_\_\_\_

What is your least favorite EMOJI? \_\_\_\_\_

What is your perfect date? \_\_\_\_\_

Do you like Fall or Spring? \_\_\_\_\_

What is the best color and why? \_\_\_\_\_

**Injuries/Assumption of Risk:** Participation at On Pitch Performing arts and OPPAC in any way is voluntary. The participant recognizes that theatre is not without risk of physical injury and the participant fully assumes such risk, including paying for any and all medical treatment

**Photo Release:** I, the undersigned, do hereby consent and agree that On Pitch Performing Arts and OPPAC, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, exclusively for the purpose of OPPAC. I further consent that my child’s name may be revealed therein or by descriptive text or commentary.

I grant permission for photographs of my child to be used in the formats indicated above, and have read and understand the Injuries/Assumption of Risk policy:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (parent/guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

CONFLICT CALENDAR

Please X through **all** dates that you HAVE A CONFLICT WITH:

February 2021							
No.	Su	Mo	Tu	We	Th	Fr	Sa
5		1	2	3	4	5	6
6	7	8	9	10	11	12	13
7	14	15	16	17	18	19	20
8	21	22	23	24	25	26	27
9	28						

March 2021							
No.	Su	Mo	Tu	We	Th	Fr	Sa
9		1	2	3	4	5	6
10	7	8	9	10	11	12	13
11	14	15	16	17	18	19	20
12	21	22	23	24	25	26	27
13	28	29	30	31			

April 2021							
No.	Su	Mo	Tu	We	Th	Fr	Sa
13					1	2	3
14	4	5	6	7	8	9	10
15	11	12	13	14	15	16	17
16	18	19	20	21	22	23	24
17	25	26	27	28	29	30	

May 2021							
No.	Su	Mo	Tu	We	Th	Fr	Sa
17							1
18	2	3	4	5	6	7	8
19	9	10	11	12	13	14	15
20	16	17	18	19	20	21	22
21	23	24	25	26	27	28	29
22	30	31					