OPPA! Audition Form

Name: _____

Age: _____ Height: _____ Tshirt size:_____

Phone: _____ Email: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

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 _____

How did you learn of this audition: (newspaper/radio/website/flyer/friend, etc.): _____

_____

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 TV Show? _____

What Dorito Flavor best describes your Personality? _____

What is your most used EMOJI? _____

What is your dream Broadway Musical Role? _____

Do you like Sweet or Salty? _____

If you had to eat only Ice Cream or Pizza for the rest of your life, which would you choose and what flavor/toppings would it be (you only get one)? _____

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:

AUGUST

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

Mo	Tu	We	Th	Fr	Sa	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		