



OFFICIAL AUDITION FORM
OUACHITA LITTLE THEATRE

NAME OF PRODUCTION _____

Date _____

DIRECTOR _____

PART AUDITIONING FOR

1ST CHOICE _____ 2ND CHOICE _____

ARE YOU AVAILABLE FOR ANOTHER PART? (please circle) **YES** **NO**

Personal Information

NAME: _____
First Last What do people call you?

ADDRESS: _____
Street and/or Box number

_____ City State and Zip code

BEST PHONE CONTACT _____ EMERGENCY PHONE _____
can you use it for texting (please circle) **Yes** or **No** (family member or friend)

EMAIL _____
please print clearly. This will be the primary way in which you will be contacted

For underaged students only:

_____ name of parent or guardian	_____ phone	
_____ your age	_____ grade in school	_____ school attending

HOBBIES/SPECIAL INTERESTS

EXPERIENCE WITH OLT OR ELSEWHERE

OTHER COMMENTS YOU WANT PUBLISHED

OVER! FILL OUT BACK SIDE AND SIGN THE FORM

IF AUDITIONING FOR A MUSICAL PLEASE ANSWER THESE QUESTIONS

Circle what you can do best? SING DANCE ACT

If you think you don't sing well enough for a solo, can you sing in a group? Circle YES or NO

What is your singing range? Soprano Alto Tenor Baritone Bass

Do you play a musical instrument? Circle YES or NO

If you play an instrument what is it? _____

Factors Regarding Your Level of Commitment to this Production

This show will be presented _____
performance dates to be filled in by the director

Will you be available for all the shows? Circle YES or NO

Regular rehearsal attendance is critical. Will you commit to satisfactory rehearsal attendance?
YES or NO

Are there obligations that would keep you from regularly attending rehearsal? This is not a disqualifying factor as long as we know ahead of time. If so, please list.

In order to participate in any OLT activity our insurance requires you to be covered. Your \$10 membership, among other things, pays that insurance for a year. If you are not a current OLT member you will be asked to join. Discounted family memberships are available at \$25. We do not want to keep anyone from participating. If this is a problem we will find a solution.

Are you currently a payed up member of OLT or JOLT? Circle YES or NO

I have answered all of the questions to the best of my ability and understand the requirements I must meet in order to participate.

signature of applicant and of adult guardian if applicant is underage