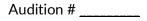
OREGON COMMUNITY THEATRE



Audition/Contact Information



Please fill out as much of the requested information as possible or check the appropriate choice where applicable. Age: _____ Name: Height: ft in City, State, Zip: Eye Color: ____ Hair Color: Cell Phone: Gender Identity: Pronouns: _____ **Previous Performance Experience or Roles: Role You Are Auditioning For:** First Choice: ____ Second Choice: Third Choice: If not cast in one of these roles, would you accept another role? Yes____ No____ This Section is for Musicals Only **MUSIC:** Audition Song: Can you read music? Yes____ No____ Voice: Bass_____ Tenor____ Baritone____ Alto____ Soprano____ Instruments you play: **DANCE / MOVEMENT:** Skill Level Options: B - Beginner I - Intermediate A - Advanced N - N/A Ballet ____ Tap ____ Jazz ____ Contemporary/Modern ____ Hip-Hop ____ Ballroom ____ Other: If not cast in a role Would you accept an ensemble role? Yes_____ No____

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:	
Emergency Contact:	
Name:	
Cell Phone:	
Relationship:	
Parent or Guardian Information (if under 18):	
Name:	
Cell Phone:	
Email Address:	
Relationship:	

Thank you for your interest in our production! We appreciate you sharing your talent with us and look forward to the opportunity to work with you.