

AUDITION FORM OLD SCHOOLHOUSE PLAYERS

PRODUCTION of

Our Team would like to thank you for coming out to audition for our show, we are excited that you have taken an interest in our production and to welcome you into our space. Please grab a seat that interests you, drop your resume and headshot off at the Creative Team Table, and take a seat in our auditorium to look over the materials. We will call your name when it's time for your audition. In order to keep everyone safe, please keep your mask on while you are within 6ft of another individual. You are welcome to remove it during your audition unless otherwise stated. We are elated to be putting on this production but prioritize safety for our team, artists, and patrons. Thank you for your cooperation.

FULL NAME: _____

PHONE NUMBER: _____

EMAIL: _____

PREVIOUS EXPERIENCE: If you brought your headshot and resume, ignore this question. For all others, list experience *Role, Show, and Theater Company* on the back of this form.

DESIRED ROLES(S): _____

Are you willing to accept any role? YES NO

Are you willing to accept more than one role? YES NO

Are you comfortable kissing? (All members of the cast will be fully vaccinated and we will have the consent discussion between actors.) YES NO

It is a requirement to be vaccinated in order to participate in this production. By checking this box, you agree that you have been vaccinated: I confirm that am vaccinated.

Performances are

Tech week leading up to these dates.

PLEASE LIST ANY CONFLICTS NOW THRU THE END OF THE RUN

If I accept a role in this show I will make myself available and be on time for all scheduled rehearsals and performances. I have listed all known or anticipated schedule conflicts on this form. I will not be absent unless I have been given prior approval for absence by the Team. I understand that I will be required to wear a mask during rehearsals and will be subject to a temperature check and health assessment each time I am in the Creative Space. I grant permission for Old Schoolhouse Players, to use my photograph, video recordings, and/or personal statements to publicize the activities of this production. I understand that I rehearse and perform at my own risk.

SIGNATURE: _____ DATE: _____