

 **AUDITION APPLICATION**

**One Flew Over the Cuckoo’s Nest**

**Director: Corry Lapointe**

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| Name (print clearly please) |   |
| Address  |   |
| Phone (home) |   |
| Phone (cell) |   |
| Email |   |
| Emergency Contact |  |
| Please list below the role(s) that interest you:   |
| Is there any role(s) you would not take if offered?  |
| If not cast, would you be interested in helping with the production and if so how (e.g. make-up, wardrobe, ASM, set building, etc) |
|    |
|    |
| If you have relevant previous performance experience, please give examples below:  |
|    |
|    |
|    |
| Are you a member of Actor’s equity?( ) Yes( ) No Are you currently a paid member of OSLT?( ) Yes( ) No, but I understand and agree to pay the OSLT $20 membership fee( ) I understand Criminal Record checks are required (at no cost) for all new OSLT members and/or all current OSLT members must sign a Criminal Record Waiver.  ( ) I understand that the production team may take my picture and or video my audition for selection purposes.( ) I authorize OSLT/Roxy Theatre to have and use photographs, video recordings, and comments of the person(s) named on this application as needed in promotional materials and public relations programming. ( ) Under 18 – I understand that if I am cast, I will need parental permission to be part of this show.  |

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|  * Read through will be July 4 at 7pm at The Roxy Theatre
* Rehearsals will be Sundays 1-4pm, Tuesdays, Thursdays and Fridays 6:30-9:30pm starting August 20. There will be 2 exceptions to this schedule: a couple of Mondays to accommodate space available and the Annual General Meeting
* Do you have any ongoing commitments that would conflict with the rehearsal schedule?

( ) Yes – please list dates when you will not be available: ( ) NoSignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian/ Parent Name ( if person auditioning is under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Thank you for coming!**

**\***As all persons entering the Roxy Theatre must adhere to ROXY/OSLT Health & Safety and COVID-19 guidelines/protocols, please refer to [www.roxytheatre.ca/covid-19/](http://www.roxytheatre.ca/covid-19/)