

**AUDITION APPLICATION**

**One Flew Over the Cuckoo’s Nest**

**Director: Corry Lapointe**

|  |  |
| --- | --- |
| 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. | |

|  |
| --- |
| * 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:  ( ) No  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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/)