



**AUDITION APPLICATION**  
***The Ladies Foursome***  
**Owen Sound Little Theatre**  
**Director: Bill Murphy**

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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/list below:	
Are you a member of Actor's equity?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Are you currently a paid member of OSLT?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No, but I understand and agree to pay the OSLT \$20 membership fee as per the OSLT membership policy. Memberships can be purchased online at <a href="http://www.roxytheatre.ca">www.roxytheatre.ca</a> .	
<input type="checkbox"/> I understand Criminal Record Checks may be required (at no cost) for new OSLT members and all current OSLT members must sign a Criminal Record Waiver.	
<input type="checkbox"/> 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.

- A (potluck!) read-through is scheduled for Thursday Oct. 12<sup>th</sup> at 6:00pm. Location TBD.
- Rehearsals begin Sunday Oct. 15<sup>th</sup>. Rehearsals will be Sundays 2:00-5:00pm, and Mondays and Thursdays 6:30-9:30pm. Friday night rehearsals will be added starting Dec. 1<sup>st</sup> (6:30-9:30pm).
- Performance dates are Feb. 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> (this is a matinee performance), 14<sup>th</sup>, 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>.
- 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 \_\_\_\_\_

How did you hear about our auditions?

**Thank you for coming!**