



AUDITION APPLICATION
The Play That Goes Wrong
March 20-23 & 26-29, 2025
Director: John Flynn

| | |
|---|--|
| 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, set building, etc.) | |
| | |
| | |
| If you have relevant previous performance experience, please give examples 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. Membership fee to be paid within one week of being offered a role. | |

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.

- Rehearsal schedule: Copies of the rehearsal schedule will be available at auditions.

Sundays 2:00-5:00pm (beginning Nov. 3rd)

Mondays 7:00-10:00pm

Thursdays 7:00-10:00pm

Fridays 7:00-10:00pm (beginning Dec. 20th)

- Read through:

Friday Nov. 1st 6:00pm at Kathleen's place (Owen Sound). This will be a read through and potluck/social.

- Show dates:

March 20th 7:30pm March 26th 7:30pm

March 21st 7:30pm March 27th 7:30pm

March 22nd 7:30pm March 28th 7:30pm

March 23rd 2:00pm March 29th 7:30pm

- 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!