

REGISTRATION – OSLT ACTORS' WORKSHOP

Name (print clearly please)	
Address	
Phone (home)	
Phone (cell)	
Email	
Emergency Contact	
Age Range (18-30 / 30-40 / 40-50 / 50-60 / 60+)	
<p>Experience: Have you acted before? (please check choice) Yes_____ No_____</p> <p>If Yes, please list the roles you have played below:</p>	
<p>Are you interested in working on a comedic scene or a dramatic scene? _____</p>	
<p>Are you available every Saturday morning from 9:30am-12:30pm from Oct 25/24 through Dec 6/24? Yes _____ No _____ (please advise conflict) _____</p>	
<p>Are you currently a paid member of OSLT?</p> <p>() Yes</p> <p>() No, but I understand and agree to pay the OSLT \$20 membership fee prior to taking workshop.</p> <p>() 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.</p>	
<p>Signature _____ Date _____</p>	