



ROXY YOUNG COMPANY
Annie JR the Musical Audition Form

Director: Carrie Cathrae

Name	
Birthday (MM/DD/YYYY)	
Age	
Main Phone #	
Main Email (for all correspondence)	
Emergency Contact (name and phone number)	
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:	

Do you have any medical concerns/allergies we should be aware of?

☐ Yes (if yes, please specify) _____

☐ No

Are you currently an OSLT member?

☐ Yes

☐ No, but I understand and agree to become a member (youth memberships are free)

☐ I understand that the production team may take my picture and or video my audition for selection purposes.

☐ I authorize OSLT/Ryc/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 - Mondays and Tuesdays 4:00-6:00. November 24-December 15 and January 4 - April 6. (additional Thursday rehearsals may be added)

• Callback Date - November 17 4:00-6:00

• Read through - November 23, 4:00-6:00

• School Show Dates April 8, 13 and 14

• Evening Performances April 9 and 16

• Matinee Performances April 10 and 17

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!