

Audition Form # _____

Show The Music Man

Name _____ Pronouns _____

Address

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail

School you attend (if applicable) _____

Do you have a specific Role Interest? _____

Will you accept another role? Yes No

Do you have any personal or health concerns we should be aware of? _____

Age _____ Height _____

Dress or Suit Size _____ Shoe Size _____ Pant Size _____ Shirt or Blouse Size _____

Please list most relevant previous theater experience _____

Please list any music experience or training _____

Do you have any interest /Experience in being a section leader (for rehearsing vocal parts). Yes / No

Mandatory cast meeting May 13, 2023. Rehearsals begin May 14, 2023.

Please complete information on next page.

Please list any and all conflicts on the calendar below –
Please "X" out any dates you are not available for rehearsals including weekends.

Conflicts cannot be accepted for July 14th – July 28th

05. → MAY → 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	01

06. → JUNE → 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
01	02	03	04	05	06	07

07. → JULY → 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	01	02	03	04	05	06
07	08	09	10	11	12	13
14	Load In	16	17	18	19	20
21		23	24	25	26	27
28	Strike Set	30	31	01	02	03

If under the age of 18, parent or guardian must sign giving permission for you to participate. Your signature below also indicates you agree to the Cast and Parent Participation Information and OCP Code of Conduct.

Signature _____ Please Print Name _____

Waiver and Release of all Claims and Assumption of Risk:

Please read this carefully and be aware that in signing up and/or participating in activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you (or member, agent or employee of your group) might sustain as a result of participating in any and all activities connected with and associated with Orange Community Players programs, activities or facility use (including transportation services/vehicle operation, when provided).

Signature _____ Please Print Name _____