



Owasso Community Theatre Company
MINOR ACTOR AUDITION FORM

CONTACT INFORMATION

Minor's Name (Please Print): _____
Minor's Email: _____ Minor's Cell# _____
Parent/Guardian Name (Please Print): _____
Parent Email (Please Print Clearly): _____
Parent/Guardian Cell # _____ May we text this number? _____
Address: _____
City: _____ Zip Code: _____

AUDITION INFORMATION

Owasso Community Theatre does not do part-specific auditions. You may be asked to read for one or multiple characters.
You may note parts you are interested in below, but OCTC cannot guarantee casting for listed part(s).

Minor's Age: _____ Minor's Height: _____

Theatrical Experience:
(Attach your resume if needed.)

Schedule Conflicts:

List ANY and ALL dates you are not able to attend rehearsals. A conflict does not automatically preclude an actor from being selected for a part.

Parts you are interested in being cast for: _____

LIABILITY RELEASE FORM

I, the undersigned, forever release, discharge and waive Owasso Community Theatre Company and it's staff, officers, directors, agents and volunteers from any and all liability rising from related to, or connected with any injury, illness, or damage for any reason, caused by or sustained in the course of any participation in classes, performances, rehearsals, or any other activities conducted by or associated with Owasso Community Theatre Company. I hereby attest that this waiver of liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator and/or personal representative. Further, in consideration of Owasso Community Theatre Company granting permission to participate, I hereby grant permission to use my/our child(ren)'s name and image in any publicity release whether by print or electronic means for the purpose of informing the community of events, publicity, advertisement or production sales or distribution. This includes, but is not limited to newspapers, magazines, radio, television, the internet, and social media.

Minor's Name (Please Print): _____
Parent/Guardian Name (Please Print): _____ Relationship to Minor: _____
Parent Email (Please Print Clearly): _____
Parent/Guardian Cell # _____ May we text this number? _____
Alternate Contact Phone # _____
Parent/Guardian Signature: _____

NEWSLETTER OPT OUT (check her to OPT out of the OCTC newsletter)

FOR OCTC USE ONLY:

****REMINDER****

**YOU WILL NEED TO ATTACH AN AUDITION
HEADSHOT TO THIS FORM.
CANDID PHOTOS ARE ACCEPTABLE.**