

oconee youth playhouse

Audition registration form

Name: _____ Age _____ Birthday _____

Check one _____ Group audition

_____ Individual audition. Song performed: _____

Auditioner's Cell Phone (if applicable): _____

Grade: _____ (Note: If auditioning for a summer show, please list upcoming grade).

School: _____

Parents' names: _____

Parent 1: Name: _____ Home # _____ Cell# _____

Parent 2: Name: _____ Home # _____ Cell# _____

Address: _____

City _____ Zip _____

EMAIL (print neatly) where you want cast list sent: _____

Emergency contact: _____ Phone: _____

Emergency contact: _____ Phone: _____

If you are new to OYP, or you do not take OYSP classes, please tell us any special skills/training:

_____ (check if applicable) Financial assistance requested. Please write details on the back.

I have read and understand all the audition information regarding conflicts, fees and rehearsals.

Parent's signature

(or auditioner's signature if 18 or older)

Date

How did you hear about auditions? _____