

Oconee Youth Playhouse

BRING IT ON audition form

Name: _____ Age _____ Birthday _____

Male or Female (circle one) Height _____

Dress Size: _____ Pants: _____ Shirt: _____ Shoe size: _____

School _____ Grade: _____

Parents' names: _____

Parent 1 (mom): CELL _____ HOME _____

Parent 2 (dad): CELL _____ HOME _____

Auditioner's cell phone (if middle school or older): _____

Address: _____

City _____ Zip _____

EMAIL (print neatly) where you want cast list sent and subsequent important info:

Email # 1: _____

Additional email if desired: _____

Emergency contact: _____ Phone: _____

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

I have read and understand all the audition information regarding conflicts, fees and rehearsal information. By signing I also agree to the terms of auditions, which means accepting any role assigned. I understand that all casting decisions are final and are not open for discussion.

Parent signature (or auditioner's if in high school)

Date