

OLD TOWN PLAYERS, INC.
Information Sheet/News Release

Show Name: _____

Perf. Dates: _____

PLEASE PRINT VERY CLEARLY

Full name of character: _____

(to be completed by director)

Name (as you want it to appear): _____ Age: _____

Guardian Name (if under 18): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email: _____ School (if student): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Would you be willing to change your appearance for a role? Yes No
(change hair color, length or style; grow or shave facial hair, etc.)

Have you ever been in a play or musical? Yes No

Name of the most recent: _____

Have you ever been in an OTP production? Yes No

Name of the most recent: _____

Do you have any dance training? Yes No

Describe: _____

If you are offered a role in this production:

- It is imperative that you attend rehearsals and that you arrive on time. If you must be absent or late, you must notify the director immediately. It is extremely difficult to hold effective rehearsals when cast members are absent. If absences create hardship, the director has the right to reassign the part.
- You must be able to perform in all scheduled performances.

Other information you'd like the director to know: _____

Director's Notes: _____

THANK YOU FOR AUDITIONING WITH US TODAY!



