



Owasso Community Theatre Company
P.O. Box 1241
Owasso, Oklahoma 74055
918-237-1656

**ATTACH
 PICTURE
 HERE FOR
 AUDITIONS**

OCTC Participation Form
Auditioning for Onstage Volunteering for Offstage

Date: _____ Age: 5-9 10-14 15-18 19-24 25-29 30-39 40-49 50-59 60+ Height: ____ft ____inches

Minor (under age 18) Name _____

Mailing Address _____

City/ State _____ Zip _____ Home/ Mobile Phone _____

Parent contact information required for Minors

Parent/ Guardian Name _____

Home/ Mobile Phone _____ Email _____

Adult Name _____

Mailing Address _____

City/ State _____ Zip _____

Home/ Mobile Phone _____ Email _____

Audition Information

Theatrical Experience (attach Theatrical Resume' if needed): _____

Schedule Conflicts _____

Part(s) to be considered for: _____ Would you accept a different part? Yes No

Volunteer Areas

- Set Design
- Set Construction
- Technical/ Lights/ Sound
- Director
- Stage Manager
- Costumes
- Props
- Makeup
- Hair
- Running Crew/ Backstage Crew
- Ticket Sales
- Ticket Taker

- Usher
- Kudos Set-up
- Kudos Sales
- Concessions
- Marketing/ Public Relations
- Newsletter
- Fundraising/ Grant Writing
- Legal
- Accounting
- Digital Media/ Website
- Board of Governors
- Other _____

Liability form must be submitted with this form. Bring completed form to auditions. Volunteers may mail the form to the address above or send it to chris.larson@octok.org. Some Volunteer positions may require a Background Check and all Volunteers will be notified of acceptance and approval for service.

Do you wish to be added to the email list to receive future notices from OCTC? Yes _____ No _____

For OCTC use ONLY.

LIABILITY RELEASE AND PUBLICITY FORM

I, the undersigned, forever release, discharge and waive Owasso Community Theater 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 Theater 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 Theater Company granting permission to participate, I hereby grant permission to use my/my child'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 and the internet.

ADULTS (18 years of age or older)	
SIGNATURE	DATE
NAME (PRINTED)	
MINORS (under 18 years of age)	
MINOR'S NAME (PRINTED)	
SIGNATURE OF RESPONSIBLE ADULT	DATE
RESPONSIBLE ADULT'S NAME (PRINTED)	
RELATIONSHIP TO MINOR	