

OVAC Audition Form

Name _____ Age _____ T-Shirt Size _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-Mail Address _____

Vocal
Range _____

List characters you are interested in portraying:

List stage experience:

Dance experience:

List any and all conflicts with rehearsal schedule:

List any and all conflicts with performance schedule:

Would you be willing to help with?

Set Construction Set Painting Costumes Stage Crew Light Crew Sound Crew