

# Oconee Youth Playhouse

## Audition registration form (SHREK)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Male or Female (circle one) School \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' names:

\_\_\_\_\_

**Parent 1:** Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Parent 2:** Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

**Specific Show requests: If you have a conflict with one of the shows or wish to be cast with a certain child for carpool purposes, please tell us here. Remember, your child may not switch casts after the cast list it out. If your child has a sibling auditioning, please list here as well to ensure they are cast together.**

\_\_\_\_\_

I have read and understand all the audition information regarding conflicts, fees and rehearsal information. I also agree to the terms of auditions, which means accepting any role/ensemble part my child is given and understanding that all casting decisions are final and are not open for discussion with the directors.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date