## **Oregon Straw Hat Players** – *Believe*

## **Instructions for auditioning**

- Don't forget to give us all your information; it makes preparing contact lists much easier
- If you are under age 18, we need extra information, including your date of birth, your parents' names, and any contact information for your parents that may be useful. You should have received the letter "To OSHP parents". If a parent accompanied you tonight, please get the agreement portion of the letter signed and return that portion to the registration table. If no parent is with you, that portion must be returned by the first rehearsal.
- Under "Representative experience", we don't need your whole resume. In the space provided, just
  give us a little information about your background in acting. We will not accept headshots and
  resumes.
- Conflicts are inevitable in community theatre. It will help the production if you are as complete as possible in listing your outside commitments. In the conflict grid, cross out the times when you have other commitments. We won't rehearse or work at all the listed times, but getting a complete picture of conflicts will help us to schedule efficiently. For the final three weeks before opening, cross out the time periods when you absolutely must be gone. Do realize that late conflicts are very hard to accommodate; if you can arrange to resolve them, the show is stronger for it.
- If you have an unresolvable performance conflict, it will not be possible to cast you. On the other hand, you might be able to be very valuable to the show in other ways, so please talk to us about your situation.
- You should have been given a set of notecards. Please help us by filling these out carefully. On each
  card, print your name in the upper left corner and your email address and preferred phone number
  in the upper right corner.
- When you're done, give the form and cards to the staff in the lobby. They will give you a copy of your audition information form so you can remember the conflicts you registered.
- Please try to stay relaxed and flexible throughout the audition. Some waiting is an inevitable part of the process. We'll try to move as efficiently as we can, but we want to give everyone a fair chance.
- We will phone or email all auditioners with the results of casting. Once all selected performers have accepted their offers, we will post the cast list at our website at www.oshponline.org. Please be patient; casting is a complicated process and it may take us several days to finish.
- There will be a company meeting on Sunday, October 22<sup>rd</sup> at 3:30 at Prairie View Little Theater, and rehearsals will continue from there.
- If you have any questions, the best place to start will usually be the people in the lobby, but always feel free to ask questions of any of the audition staff.
- Good luck, and have fun!

Name:				Phor	ne (pref):		H W C
Address: _					(alt):		H W C
City:			ZIP:		(other):		H W
Email:							
T-shirt size	e:	_ Height:	Ha	air color:		\ge:	
Gender Ro	ole Preference:						
If under 1	8:						
Date of bi	rth:	Par	ents' names:				
	arents' phones:						
	arents' emails:						
	cative experience:						
Would you	accept any role in th	his production	1?	Is there any ro	le vou are especially	interested in?	
	be willing to help w				.e you are copecium,		
Sets Lights		Props Sound House/tickets Stage manag				ent	
_	Costumes	5		Publicity		otage managemeOther:	CITC
unday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
0/22/17		10/24/17		10/26/17			
:30-5:30		6:30-8:30		6:30-8:30			
.0/29/17 3:30-5:30				11/2/17 6:30-8:30			
1/5/17		11/7/17		11/9/17			
:30-5:30		6:30-8:30		6:30-8:30			
1/12/17		11/14/17		11/16/17			
3:30-5:30	44/20/47	6:30-8:30		6:30-8:30			
11/17/17 3:30-5:30	11/20/17 6:30-8:30			THANKSGIVIN	G		
,	11/27/17			11/30/17			
	6:30-8:30			6:30-8:30			
12/3/17	12/4/17	12/5/17	12/6/17	12/7/17	12/8/17	12/9/17	
3:30-5:30	6:30-8:30	6:30-8:30	6:30-8:30	6:30-8:30	PERFORMANCE 6:30-8:30	2xPERFORMANCE 1-9	
12/10/17							

Believe

**Audition Form** 

Please cross out the times you have a conflict

PERFORMANCE

Oregon Straw Hat Players

#### To OSHP parents:

Welcome! We are delighted that you are interested in having one or more members of your family participate in Oregon Straw Hat Players.

Putting on a play is a complicated process, requiring dedication and hard work from a large number of performers and support staff. Agreeing to participate is a commitment that should be made carefully, with full awareness of how serious the obligation must be.

Attendance at rehearsals is crucial. We do our best to plan for commitments made prior to auditions, and we realize that emergencies happen. With so many people involved, we hope you can minimize further absences, as they can hurt the show. It will be very difficult to accommodate late conflicts that arise after casting is complete.

Parents are always welcome at rehearsals and are asked to attend our first meeting on October 22<sup>rd</sup> in the Prairie View Little Theater.

OSHP has a proud, long-standing tradition of including young people in our productions. We strive hard to provide an atmosphere where everyone can feel safe and which nurtures growing talent. Performing is hard work, but from that work comes artistic and personal growth. It's important for performers of all ages to realize that rehearsals will sometimes be difficult, boring, and at times maybe even stressful. If everyone comes prepared to work hard, we'll get through the tough times together and have a performance that we can all be proud of. Anything you can do to help support and help in understanding the need for hard work is deeply appreciated.

We deeply believe that participating in community theatre is an overwhelmingly positive experience for youngsters, teaching responsibility and commitment, nurturing growth, and providing an unparalleled opportunity for young and old to work side by side toward a common goal. We invite your attendance, support, and input as we work to provide this opportunity.

--The director and staff of *Believe* and the board of Straw Hat Players

Please detach, sign, and return to the registration table at auditions, or to the stage manager at the firs
rehearsal, or to the person in charge at the first work day.

I have read the letter "To OSHP parents" and agree to support the participation of this/these members of my family:

and to assist in meeting their	obligations and responsibilities as	s a member of the company of the 2017

and to assist in meeting their obligations and responsibilities as a member of the company of the 2017 Oregon Straw Hat Players production of *Believe*.

Signed:		

# **RELEASE AND AUTHORIZATION TO USE IMAGE**

Believe

(full name)	
of	
(address)	
(city, state, zip)	
Oregon Straw Hat Players' (OSHP) 2017 produsuch photographs for the purposes of publicit promotional video material in but not limited	ing the subject of photographs and video images for the action of <i>Believe</i> . Release hereby authorizes OSHP to use y and to exhibit them as still photographs or in to promotions, fundraisers, advertising, or use on the any and all claims for damages based upon use of
	omises of compensation for taking and use of any images es irrespective of the form or media into which they are
Releaser warrants and agrees that they have thave the right and authority to execute this re	read and understood the contents hereof and that they elease.
Signature of Releaser	 Date
Signature of parent if under 18	 Date

# MEDICAL FORM - Believe

This information is kept only for the duration of the production and is then shredded.

OSHP does NOT carry medical insurance coverage for any participating member.

In case of an emergency, Oregon Straw Hat Players we emergency is severe, EMS will be contacted first and	<u> </u>		
Name:			
Are you currently taking any medications? If so, plea	ase list:		
Please list any special health or medical conditions you may have (allergies, diabetes, epilepsy, etc):			
Primary Emergency Contact:			
Name:	Phone #:		
Relationship to you:			
Secondary Emergency Contact:			
Name:	Phone #:		
Relationship to you:			
Physician: Name:	Phone #:		
Clinic:	Hospital:		
I allow OSHP to dispense Tylenol to my child, if reque	ested. Yes No (please circle)		
I hereby authorize the Oregon Straw Hat Players to s			
Signature:			

(parent or guardian if under 18)