

Opera House Players Tryout Sheet



Name: _____

Address: _____

Town: _____

Phone : _____

Email : _____

If under 18 - please fill in the next line

Age: _____ Grade (Next Fall) : _____ Parent/Guardian : _____

Character Preference (if any) _____ Is this the only part you will accept? Yes / No

Dance Experience - Check those that apply: Previous Shows Dance Training

Would you be available to start rehearsal at 6:30? Yes / No

Please list any known conflicts between now and December 10, 2017 (NOTE: The show has TWO Sunday Matinees) If this is your first OHP show - list other show experience (more space on back).

Would you or your parents be willing and/or able to help out with any of the following crews?

- | | |
|---|--|
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Lights |
| <input type="checkbox"/> Set Detailing (Painting) | <input type="checkbox"/> House Preparation |
| <input type="checkbox"/> Show Promotion | <input type="checkbox"/> Pit Orchestra |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> Show Production | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> Programs |
| | <input type="checkbox"/> Props |

Please do not write below this line:

Vocal Range: _____

Vocal Quality (Projection / Confidence) _____

Stage Expression (Vocal / Facial / Body) _____

Comments / Remarks _____
