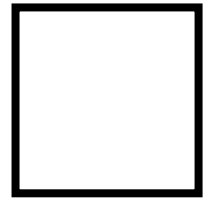




ORANGE COUNTY CHILDREN'S THEATRE

SEUSSICAL AUDITION PACKET



Name: \_\_\_\_\_ Audition # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**\*\* There is a \$100 deposit to audition for OCCT productions. If you state that you will accept any role, but fail to do so, the \$100 will be considered a donation. \*\***

**Are you willing to accept any role in this production?(circle) YES NO**

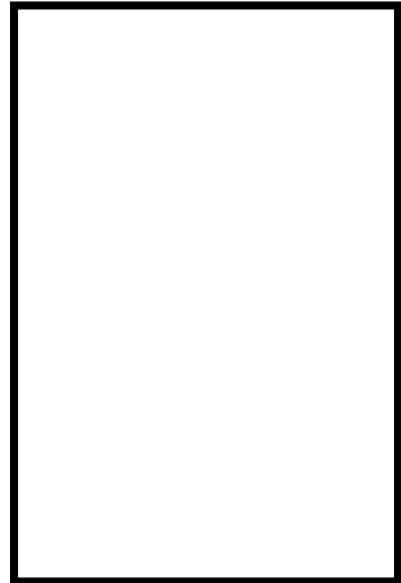
**Some lead roles may require a stage kiss. Will you consider?(circle) YES NO**

**Audition Song:**

\_\_\_\_\_

**Preferred Role(s):**

\_\_\_\_\_



**ATTACH PHOTO HERE**

**MUSIC AND DANCE TRAINING** (circle)

Can you read music? YES NO Singing ability: NONE AMATEUR TRAINED (\_\_\_ YEARS)

**Voice:** BASS BARITONE TENOR ALTO MEZZO SOPRANO UNKNOWN

**Do you play an instrument? YES NO** (Instrument \_\_\_\_\_) (\_\_\_ YEARS)

**DANCE** - Please indicate how many years of training & skill level (Beg., Inter., or Adv.)

**BALLET** (#: \_\_\_ Beg./Inter./Adv.) **TAP** (#: \_\_\_ Beg./Inter./Adv.) **JAZZ** (#: \_\_\_ Beg./Inter./Adv.)

Special talents (Be specific):

\_\_\_\_\_  
\_\_\_\_\_

Tumbling/Gymnastics Experience:

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

*List ALL past OCCT productions and any other theatrical experience on the back. **Resumés preferred.***

*\* Professionalism and attitude will be taken into consideration for casting \**

Name: \_\_\_\_\_

## ***SEUSSICAL* CONFLICT CALENDAR**

### **MARK ALL CONFLICTS - PLEASE PLACE AN "X" ON YOUR CONFLICT DAYS**

**Not all cast members will be called to every rehearsal, and some may be called for only part of the time.**

***Our regular rehearsal days for Seussical are Mondays, Thursdays, and Saturdays.***

**Full rehearsal schedule to be emailed after the parent meeting.**

**The calendar below lists holidays or breaks, if applicable, that we have already scheduled off**

**\*There can be NO absences during tech week and shows without prior approval from Producers.\***

**The Directing Team organizes their casting and rehearsal schedule based on the *original* conflict calendar.**

- You must list all definite and *possible* conflicts on this calendar prior to auditions.
- Added conflicts (other than illness or emergency) are not acceptable. These additional conflicts affect the whole cast and crew.
- **Unexcused or excessive absences may result in a performer being removed from a number, scene, or role.**
- Any conflict issues must be discussed with the Production Secretary...NOT the Director.
- The rehearsal calendar may change unexpectedly. Cast member will do his/her best to be flexible with changes.
- Again, discuss extra absences or scheduling conflicts with the Production Secretary, Jessica Gwaltney.  
**Production Secretary email: [jlgwaltney00@gmail.com](mailto:jlgwaltney00@gmail.com) or text/call: 714-813-6558.**

*I certify that these are all of my child's conflicts to my knowledge:*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

### **SEUSSICAL REHEARSAL SCHEDULE** **FEBRUARY 2025**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Cast List will be posted on our website by Saturday evening. > > >			<b>JAN 29</b> <b>SEUSSICAL</b> <b>AUDITION</b> <b>WORKSHOP</b> 6:00-8:00PM		<b>JAN 31</b> <b>AUDITIONS!</b> 5:00-9:00PM	<b>FEB 1</b> <b>AUDITIONS!</b> 9:00AM-12:00PM <b>Telegrammer Auditions!</b> 12:00-1:00PM <b>CALLBACKS!</b> 1:00-4:00PM
<b>FEB 2</b> <b>Accept or Decline Role to Production Secretary email by 9:00pm TONIGHT.</b>	<b>3</b> <b>Mandatory Parent Meeting at 5:45pm.</b> <b>MAIN CAST FIRST REHEARSAL</b> 5:30-8:30PM			<b>6</b> REHEARSAL 5:30-8:30PM		<b>8</b> REHEARSAL 9:00AM-3:00PM <b>Telegrammers' First Rehearsal</b> 10:00-11:00AM
<b>9</b>	<b>10</b> REHEARSAL 5:30-8:30PM <b>Telegrammers</b> 6:00-7:00PM			<b>13</b> REHEARSAL 5:30-8:30PM		<b>15</b> REHEARSAL 9:00AM-3:00PM <b>Telegrammers</b> 10:00-11:00AM
<b>16</b>	<b>17</b> REHEARSAL 5:30-8:30PM <b>Telegrammers</b> 6:00-7:00PM			<b>20</b> REHEARSAL 5:30-8:30PM		<b>22</b> REHEARSAL 9:00AM-3:00PM <b>Telegrammers</b> 10:00-11:00AM

Name: \_\_\_\_\_

**SEUSSICAL REHEARSAL SCHEDULE**  
**FEBRUARY 2025 (CONT'D.)**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
23	24 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			FEB 27 REHEARSAL 5:30-8:30PM	28	

**SEUSSICAL REHEARSAL SCHEDULE**  
**MARCH 2025**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
						<b>MAR 1</b> REHEARSAL 9:00AM-3:00PM Telegrammers 10:00-11:00AM
2	3 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			6 REHEARSAL 5:30-8:30PM		8 REHEARSAL 9:00AM-3:00PM Telegrammers 10:00-11:00AM
9	10 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			13 REHEARSAL 5:30-8:30PM		15 REHEARSAL 9:00AM-3:00PM Telegrammers 10:00-11:00AM
16	17 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			20 REHEARSAL 5:30-8:30PM		22 REHEARSAL 9:00AM-3:00PM Telegrammers 10:00-11:00AM
23	24 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			27 REHEARSAL 5:30-8:30PM		29 <b>NO REHEARSAL!</b>
30 TECH @ HB LIBRARY 5:00-10:00PM	31 TECH @ HB LIBRARY 5:00-10:00PM					

Name: \_\_\_\_\_

**SEUSSICAL REHEARSAL SCHEDULE**  
**APRIL 2025**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
		<b>APR 1</b> <b>TECH @ HB</b> <b>LIBRARY</b> <b>5:00-10:00PM</b>	<b>2</b> <b>TECH @ HB</b> <b>LIBRARY</b> <b>5:00-10:00PM</b>	<b>3</b> <b>SEUSSICAL</b> <b>OPENING</b> <b>NIGHT!</b> <b>Call time</b> <b>5:00pm</b>	<b>4</b> <b>SEUSSICAL</b> <b>SHOW NIGHT!</b> <b>Call time</b> <b>5:00pm</b>	<b>5</b> <b>SEUSSICAL</b> <b>DOUBLE</b> <b>SHOW DAY!</b> <b>Call time</b> <b>12:00pm</b>
<b>6</b> <b>SEUSSICAL</b> <b>DOUBLE</b> <b>SHOW DAY!</b> <b>Call time</b> <b>11:00am for</b> <b>Family Circle</b>	<b>7</b>			<b>10</b>		<b>12</b> <b>CAST PARTY?</b>

**Tech nights and shows take place at Huntington Beach Library Theater - 7111 Talbert Ave., HB**

**SEUSSICAL TECH WEEK**

**March 30th - April 2nd; 5:00pm-10:00pm**

**SEUSSICAL SHOW DAYS (6 performances)**

**April 3rd - 7:00pm show**

**April 4th - 7:00pm show**

**April 5th - 2:00p & 7:00pm shows**

**April 6th - 2:00pm & 7:00pm shows**



# ORANGE COUNTY CHILDREN'S THEATRE REGISTRATION

Name: \_\_\_\_\_ Audition # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cast Member's Email \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

## PERMISSION SLIP / MEDICAL RELEASE FORM / WAIVER OF LIABILITY / COVID INDEMNIFICATION

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, requests that he/she be permitted to participate with Orange County Children's Theatre. I have been advised of the rules, regulations, and expectations of the theater and agree to abide by them and to fulfill our obligations as required. If I have any questions regarding participation in this event I will ask a member of the Administrative Board of OCCT immediately and not wait for a problem to arise.

I will permit photographs and videos of my child taken at this event to be used for media, publicity, and other purposes by authorization of the Administrative Board of OCCT.

Furthermore, I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Orange County Children's Theatre has put in place preventative measures to reduce the spread of COVID-19; however, OCCT cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending OCCT activities could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending OCCT activities and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at OCCT may result from the actions, omissions, or negligence of myself and others, including, but not limited to, OCCT staff, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, or death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at OCCT activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless OCCT, its staff, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of OCCT, its staff, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any OCCT activity. I am also acknowledging receipt of OCCT's Covid-19 In-person Rehearsal and Performance Guidelines, as provided in the parent information packet.

In consideration of acceptance of my child's registration for this activity, I hereby agree to indemnify and hold harmless Orange County Children's Theatre, its officers, administrative board, trustees, employees, and volunteers from any liability, claim, or action for damages resulting from, or in any way arising out of the participation in the activity listed above by my child. This authorization is to remain in effect during the time of enrollment in the activity listed above unless revoked in writing.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent's or Legal Guardian's Name (Print)      Parent's or Legal Guardian's Signature      Date

Allergies (if none, please write NKA): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_