

Production Application Form

Please sign and bring this form with you to your student's audition. Students cannot audition or be cast for an OTT production without this written consent by a parent or guardian.

Participating Student's Name: _____

Participating Parent's Name: _____

Phone Number(s): _____

Email(s): _____

Emergency Contact Name and Phone: _____

I hereby give consent for my child/legal charge to participate in the Old Town Theatre production of _____. I understand that as a parent or guardian I will be required to attend a Parents Orientation and a minimum of two Parent Meetings. I understand that I will also need to serve on at least one Parent Volunteer Committee or grant permission for another family member over the age of 18 to do it in my stead.

I understand that I will be responsible for providing an approved costume, props, accessories and food/lunch for my child on rehearsal days or pay for an OTT provided healthy meal or snacks.

Signature: _____

Date: _____