



Audition Form “*Leaving Iowa*”

AUDITION NUMBER: _____

Attach Resume if you have one though not required.
COMPLETE ENTIRE FORM AND PRINT LEGIBLY

Actor’s Name		
Mailing Address		
	Preferred	Secondary
Phone		
Email (please print legibly)		

Note- If You are cast and are not already a member, you will be asked to become a member of the Providence Players. Membership is \$25 per individual or \$60 per family (3 or more) each season.

“IF CAST, I AM WILLING TO DO THE FOLLOWING...” (*Circle ALL that apply to you*):

Shave facial hair Grow facial hair Cut hair Dye/color hair Wear aging/special makeup

CIRCLE ALL PART(S) YOU ARE WILLING TO ACCEPT:

ANY PART DON DAD MOM SIS MULTI-CHARACTER

WHAT PART(S) ARE YOU MOST INTERESTED IN: _____

Would you be interested in getting involved with the production crew if you are not cast? (YES/NO)

If yes, what production areas are you interested in? (No experience required)

REHEARSAL CONFLICTS: Review draft rehearsal schedule and list ***ALL*** potential conflicts. Known absentee dates are imperative for scheduling rehearsal time to be as productive as possible for everyone. **Everyone cast must be at ALL performances and available for the entire week prior to opening night.** See audition announcement for additional scheduling considerations.

THEATRICAL EXPERIENCE: List applicable experience to include - Acting, Singing, Piano, Languages, Other - that should be considered (*your attached resume welcomed, but NOT required*).

ADDITIONAL NOTES TO THE DIRECTOR AND CREW: Feel free to share any other personal information you think is pertinent in consideration for the cast of this production
