



Audition Form “*And Then There Were None*”

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 Dye/color/cut hair Wear aging/special makeup/a wig

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

- | | | | |
|------------------------|------------------------|--------------------------|--------------------|
| <i>JUDGE WARGRAVE</i> | <i>DETECTIVE BLORE</i> | <i>GENERAL MACKENZIE</i> | <i>NARRACOTT</i> |
| <i>PHILIP LOMBARD</i> | <i>DR. ARMSTRONG</i> | <i>ROGERS</i> | <i>MRS. ROGERS</i> |
| <i>VERA CLAYTHORNE</i> | <i>MISS BRENT</i> | <i>MR/MISS MARSTON</i> | <i>ANY PART</i> |

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)

