

Providence Players

Audition Information & Form "Deathtrap"

Actor's Name							
Mailing Address							
	Preferred	d:	Seco	ondary (if so):		
Phone							
Email (please print legibly)							
Review the Characte Any Preferences:	er Summary in the	Audition A	nnouncement ar	nd Let Us Kno	ow If You Have		
I wish to be consi	dered for any role.						
I wish to be consi	dered for any role l	but have a s	strong preference	e for the roles	checked below		
I only wish/would	prefer to be consid	dered for the	e following roles	(check):			
SPECIFIC ROLES: _	Sidney	Clifford	Porter	Myra	Helga		
Notes Regarding Your Role Preference:							

Scheduling Conflicts (Please Review the Audition Announcement and Preliminary Production Calendar and Let us Know About Scheduling Conflicts between August 15 and October 29)

We will be scheduling one or two read throughs mid-August and rehearsals will start in earnest the last week of August. There are no conflicts starting Sept. 25 through opening weekend, or with performances.

How did you hear al	bout this audition:	Facebook _	Twitter _	Instagram _	Friend
Google Search Other (explain:) _	_ Website Posting (whi	ch one:)			
Resume, You May A	nse of Your Theater E ttach It in Lieu of Co You Have One (Not	mpleting This		<u>:d). If You Hav</u>	ve A Theatei
STAGE ACTING EXP	ERIENCE:				
High SchoolY _ CollegeY _ CommunityY _ Pro (Paid)Y _	N - Approx. Num N - Approx. Num N - Approx. Num N - Approx. Num	ber of Productiber of Productiber of Productiber of Productiber of Productiber of Production	tions tions tions tions		
Would you be interest	ed in getting involved	in the production	on if you are	e not cast?	
Yes	No	Don't K	(now		
PLEASE PROVIDE A	BRIEF SUMMARY OF	YOUR THEAT	ER WORK ((IF ANY) OVE	R THE PAST

Thank you for completing this form!

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