

Wilkes Playmakers Audition Form

Please complete this form and bring it with you to your audition

PRODUCTION: _____

SHOW DATES: _____

NAME: _____ AUDITION NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

PREVIOUS THEATRE EXPERIENCE:

FORMAL THEATRE TRAINING:

SPECIAL SKILLS/TALENTS:

PLEASE LIST ANY ROLES THAT INTEREST YOU:

WOULD YOU PLAY OTHER ROLES? _____ YES _____ NO

PLEASE LIST ANY ROLES YOU DO NOT WANT:

WOULD YOU ACCEPT AN ENSEMBLE ROLE? _____ YES _____ NO

