



Audition Packet

ACT2PV Audition Form

Please bring this completed form with you to the audition.

Date: _____ Show: _____

Name: _____

Home Address: _____

Cell Phone: _____ WhatsApp: _____

E-Mail: _____ Facebook Page: _____

Age: _____ Height: _____ Weight: _____ Hair Color: _____

Previous Theatrical / Musical or Dance Experiences: _____

Is there a particular role in the show you are most interested in? Yes No

If yes, which one(s)? _____

Will you accept another part if not offered any listed above? Yes No

If you do not get a part, would you be interested in working on tech crew or backstage? Yes No

Do you sing, dance, play piano or have other special talents? Yes No

If so, please explain level of skill: _____

Do you have ANY conflicts, such as work schedules or planned vacations, with the rehearsal/ performance schedule? Yes No

Please list ALL conflicts below (be as specific as possible to dates, times). Additional conflicts after being cast may not be accepted. _____

Do you have any other concerns or questions? _____
