



THE PLAYERS CLUB OF SWARTHMORE

Audition Information for *(Show Name):* _____

Name: _____

(As you would like it to appear in the program)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address- #1: _____ **#2:** _____

Phone- Preferred : _____ **(h) (c) (w)** **Alternate :** _____ **(h) (c) (w)**

Birth Date: _____ **Height:** _____ **Hair Color:** _____ **Gender: M** ___ **F** ___

Are you auditioning for a specific role? Yes ___ **No** ___ **If Yes, which one?** _____

Would you be willing to accept another role? Yes ___ **No** ___

Are you willing to change your appearance? (ie: hair color, facial hair) if necessary? Yes ___ **No** ___

My acting range is _____ **to** _____ **years old.**

Vocal Range: Soprano ___ **Second Soprano** ___ **Alto** ___ **Tenor** ___ **Baritone** ___ **Bass** ___

Do you play a musical instrument? Yes ___ **No** ___ _____

Do you read music? Yes ___ **No** ___ **Dance experience? Yes** ___ **No** ___

Would you be interested in working on a production in another capacity? Yes ___ **No** ___

If yes, please check **Producer** **Sound** **Crew** **Props** **Set Design**
 Marketing **Lights** **Office** **Costumes** **Box Office** **Set Construction**
 Social Media **Concessions (FOH)** **Other** _____

Please identify other talents you may have *(magic, foreign language, juggling, etc):*

THEATRICAL EXPERIENCE

Please use the back of this form to give us your theatrical experience and training,

or attach a resume.

THANK YOU FOR AUDITIONING!

