

Auditions

The Potomac Playmakers, Inc.

DATE: _____

SHOW: _____ DIRECTOR: _____

NAME: _____ NICKNAME : _____ AGE RANGE: _____

ADDRESS: _____ CITY/STATE/ZIP _____

Cell# _____ Email _____

Emergency Contact (Full Name & Cell#) _____

ROLE(S) FOR WHICH YOU ARE AUDITIONING: _____

WOULD YOU ACCEPT ANOTHER ROLE IF OFFERED? _____

WOULD YOU BE WILLING TO ASSIST OFF-STAGE? (Please indicate in which capacity, e.g. costumes, props, lighting, stage crew, etc.) _____

EXPERIENCE (please list the 3 most recent or attach resumé):

Role/Performance	Company	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rehearsal schedule to be determined based on cast schedules. (Tentatively planning for 2 weekday evenings from 7:00 – 9:30 and one weekend daytime for 3 or 4 hours) Rehearsals may be every day during Tech Week, leading up to the first performance. Performance dates are _____.

If you are cast you must agree to conform with the CDC Guidelines regarding masking and social distancing, and to avoid activities throughout the rehearsal and performance period that put you and others at greater risk for COVID-19

PLEASE LIST ANY SCHEDULING CONFLICTS ON THE CALENDAR PROVIDED:

NOTES:

Thank you for auditioning for Potomac Playmakers!