



Audition Application

SHOW _____

AUDITION DATE _____

NAME (AS YOU WISH TO BE CREDITED) _____

PRONOUNS _____ UNION MEMBERSHIP (SAG/AFTRA, AEA) ☐

PHONE NUMBER _____

EMAIL _____

HAVE YOU READ THE SCRIPT? ☐

ROLE(S) AUDITIONING FOR _____

OTHER ROLE(S) YOU WOULD ACCEPT _____

ROLE(S) YOU WOULD UNDERSTUDY _____

IF NOT CAST, WOULD YOU LIKE TO CREW? ☐

WHAT IS THE EARLIEST TIME YOU COULD ARRIVE AT POWPAC SUNDAYS-THURSDAYS? _____

PLEASE NOTE ALL CONFLICTS YOU HAVE/MAY HAVE WITH THE REHEARSAL SCHEDULE

PLEASE CONFIRM "I CAN PERFORM IN ALL PERFORMANCES DURING THE RUN" ☐

ARE YOU WILLING/ABLE TO: GROW HAIR? ☐ CUT HAIR? ☐ or... COLOR HAIR? ☐

WEAR A WIG? ☐ GROW FACIAL HAIR? ☐ SHAVE FACIAL HAIR? ☐

NUMBER OF PRODUCTIONS YOU HAVE PERFORMED IN _____

LIST LAST THREE (3) ROLE WITH PERFORMANCE DATES (OR ATTACH HEADSHOT/RESUME)

OTHER SPECIAL SKILLS OR TALENTS?

ANYTHING ELSE WE SHOULD KNOW? (ALLERGIES, ETC.)

HOW DID YOU HEAR ABOUT THIS AUDITION? _____ JOIN OUR EMAIL LIST? ☐