Port Angeles Community Players Audition Form

Thank you for being here. We know auditioning can feel intimidating; it's our goal to make it as easy as possible for you to show us your many talents. Please, relax and have fun!

Name _____ Preferred Pronouns_____

Email _____ Phone _____

Text okay? Yes ____ No ____

Would you be willing to change your hairstyle, color or facial hair if needed for a character? Yes ___ No ___

Please help us understand your comfort level on stage:
___ I am comfortable hugging, handholding, kissing with other actors
___ I prefer a role that does not involve intimate touching or suggestive actions
___ I am comfortable with cursing and suggestive dialog
___ I am comfortable portraying varying gender expressions
___ I would prefer to portray my own gender

Do you have any current injuries or physical limitations as they pertain to the show? Yes ____ No ___
_____

What role(s) would you like to read for? _____

Would you accept another role? Yes ___ No____

If not cast, would you like to work backstage? Yes ___ No___

Have you been in PACP production before? Yes ____ No ____

Please list any applicable performance experience or special talents you feel demonstrates your abilities:

_____
_____
_____
_____
_____

Please list all known conflicts between the start of rehearsals to the last performance. We can work around most conflicts if known in advance. Once rehearsals begin, new conflicts will be reviewed on a case by case basis. No conflicts are allowed after the show's tech week begins.