

Open Audition Form Information Sheet – **ADULT**

Audition Number: (Assigned upon arrival)

Deathtrap

Performance Da	tes: August 2	29, 30, September 5, 6	5, 2025 at 7:30	pm + August 31, Septen	nber 7, 2025 at 2pn
Name/Pronouns					
Address					
Phone (home)		Ph	one (cell)		
Email					
Height		Weight		Hair Color	
Eyes		Voice Part (S/A/T/B)		Date of Birth	
Are you auditionir	ng for				
□le	eading role	\square supporting role	\square ensemble	e	
Are you auditionir	ng for a speci	fic role? If so, please s	pecify:		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ing a different value if	offorod? []vas	
would you be inte	erested in tar	king a different role if	orrered: L	yes 🗆 no	
Brief Stage History	•	•			
Show Title		Role Played	Year	Producing Organization	
Special skills (i.e., c tumbling, juggling,			1		
		ested in helping with:			
\square set construction? \square lighting? \square sound? \square wardrobe? \square ushering?					
How did you hear about these auditions?					
What was the last show you attended at the Opera House?					

Sign up for the Waterville Opera House e-newsletter to receive future audition notices.

(see reverse)

Please let us know any conflicts you may have (vacations, prior engagements, etc). (Include any standing conflicts such as: "Works Mondays," "Get out of work at 6:30 daily," etc.) We do our best to work around conflicts, but can make no promises.