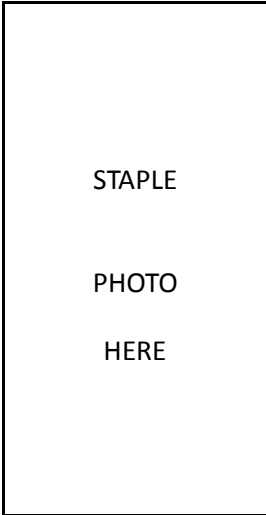


# GREASE 2016

## AUDITION FORM

Please fill out as much of the requested information below as possible, or **circle** the appropriate choice where applicable



STAPLE  
PHOTO  
HERE

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: MALE FEMALE

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:**

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_  
 \_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_  
 \_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_  
 \_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

**Role You're Auditioning for (1<sup>st</sup> Choice):** \_\_\_\_\_

**(2<sup>nd</sup> Choice):** \_\_\_\_\_ **(3<sup>rd</sup> Choice):** \_\_\_\_\_

**Would you consider other roles?** YES NO

**Would you accept an ensemble role?** YES NO

**MUSIC AND DANCE TRAINING:**

**Can you read music?** YES NO **Singing ability:** NONE AMATEUR TRAINED (\_\_\_\_ YEARS)

**Voice:** BASS TENOR BARITONE ALTO SOPRANO **Skill:** BEGINNER INTERMEDIATE ADVANCED

**Instruments you play:**

\_\_\_\_\_ **Skill:** BEGINNER INTERMEDIATE ADVANCED

**DANCE/MOVEMENT:** BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM OTHER

**Style (if Other):** \_\_\_\_\_ **# of Years:** \_\_\_\_\_ **Skill Level:** BEGINNER INTERMEDIATE ADVANCED

**Special**

**Skills:** STAGE COMBAT JUGGLING ACROBATICS CIRCUS

**Other Skills to Note:** \_\_\_\_\_

**OTHER OPPORTUNITIES WITH US:**

If not cast as a performer, would you be interested in working as crew or stage manager? YES NO

<b>Other Applicable Skills:</b>	STAGE MANAGEMENT	LIGHTBOARD	SPOTLIGHT	SPECIAL EFFECTS
RIGGING/FLYING	PROPS	SEWING/COSTUMES	SET BUILDING	SET PAINTING
FRONT OF HOUSE	PUBLIC RELATIONS	PHOTOGRAPHY	PUPPETRY	CHOREOGRAPHY

**YOUR PREFERRED CONTACT INFO:**

Full Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail address 1: \_\_\_\_\_ E-mail address 2: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

**Potential medical or other conditions to note:** *(Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently performing/rehearsing anything now?** *Please note the show and schedule below:*

\_\_\_\_\_  
\_\_\_\_\_

**Are there any potential Scheduling Conflicts you're currently aware of?** *(Rehearsals will start immediately after Carnival with a performance scheduled April 16). Please note that rehearsals will also take place on weekends)*

\_\_\_\_\_  
\_\_\_\_\_

**Apart from the regular evening rehearsals would you be available for morning or afternoon rehearsals?**

Morning      Afternoon      Not available *(please tick)*

**How did you hear about our auditions?**

NEWSPAPER E-MAIL NOTICE OUR WEBSITE FRIEND TEACHER OTHER

**Would you like to sign up for our group's mailing list?** NO YES E-MAIL MAIL ALL

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Parent or Guardian Info (if Under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor Name and Phone (if Applicable): \_\_\_\_\_

*Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.*