

Audition #

GREASE; The School Version Audition Form

(Please Print Legibly)

Student Name: _____ M F (Circle One) Grade: _____

Parent Name: _____ Home Phone: _____

Voice Type: Sop Alt Ten Bar (Circle One)

Would you like to be considered for any part in particular? _____

Would you take any part if cast? (Be honest) Y N

If not cast, would you like to serve on the tech crew? Y N

Cast members are only permitted to miss 3 rehearsals. Rehearsals will be primarily M-Th from 2:50pm- 4pm/ 2:50pm- 5pm on choreography days. We will also have a few Saturday rehearsals. Tech rehearsals will begin Monday January 27th where the full cast will be called every day after school to 6pm until the show dates on 2/5, 2/7 and 2/8. Please list any conflicts you might have with this schedule;

Please list any theatre, voice, dance experience on the back of this paper.

Do Not Write Below This Line

Voice:

Acting:

Total Score:

Callback: Y N

Callback Role(s):