GREASE; The School Version Audition Form

(Please Print Legibly)

Parent Name: Home Phone: Voice Type: Sop Alt Ten Bar (Circle One) Would you like to be considered for any part in particular?	Student Nam	e:				м	F	(Circle One)	Gra	de:		
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 27 th 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;	Parent Name:					Home Phone:						
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Voice: Acting: Total Score:	2:50pm- 4pm Tech rehearsa school to 6pm this schedule;	/ 2:50pn als will b n until th	n- 5pm egin Mo ne show	on chore onday Ja dates o	eography nuary 27 ^t n 2/5, 2/7	days. M ^h where 7 and 2/	Ve wil the f 8. Ple	l also have a ull cast will b ease list any c	few Satu e called conflicts	urday rehe every day you might	earsals. after t have with	
		Do Not Write Below This Line										
Callback Role(s):	Callback:	-	N		Acting:				Τά	otal Score:	:	