



## **AUDITION FORM**

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

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

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

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you willing to change your hairstyle (cut/dye)? **YES / NO**

Do you wear glasses? **YES / NO** Can you wear contacts for performances? **YES / NO**

STAPLE  
PHOTO  
HERE

### **NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:**

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

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

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

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

Role You're Auditioning for (1st choice): \_\_\_\_\_

(2nd choice): \_\_\_\_\_ (3rd choice): \_\_\_\_\_

Would you consider other roles? **YES / NO** Would you consider playing a role of the opposite sex? **YES / NO**

Would you accept a role in the chorus? **YES / NO**

AUDITION NOTES

FOR USE BY AUDITION PANEL ONLY

**MUSIC AND DANCE TRAINING:**

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

Voice: **BASS TENOR BARITONE ALTO SOPRANO**

Dance/Movement: **BALLET TAP JAZZ CONTEMPORARY HIP-HOP BALLROOM OTHER**

Style (if OTHER): \_\_\_\_\_

Special Skills: **ACROBATICS GYMNASTICS STAGE COMBAT JUGGLING CHEERLEADING**

Other Opportunities with Greely Players: **SEWING/COSTUMES FRONT OF HOUSE PUBLIC RELATIONS**

**CHOREOGRAPHY PROPS FOOD COORDINATOR CHILD MINDER CANTEEN PROMPTER**

**TECH ASSISTANT SET PAINTING ADVERTISING HAIR STYLING MAKEUP SOCIAL MEDIA**

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

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

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

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

Are there any potential scheduling conflicts that you are currently aware of? (You will receive a list of rehearsal and show dates - Conflict Calendar - at the Information Session. Please review carefully):

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

Would you like to sign up for Greely Players' mailing list? **YES / NO**

Greely Players can use my name on their website/social media/newspaper advertisements: **YES / NO**

Greely Players can use my photograph on their website/social media/newspaper advertisements: **YES / NO**

**EMERGENCY CONTACT:**

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

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

Home Phone: \_\_\_\_\_ Cell 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.*