

# THE GREELY PLAYERS AUDITION FORM



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

Insert Photo Below

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

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

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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

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

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**

**NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:**

_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____
_____	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 accept a role in the chorus? **YES / NO**

**MUSIC AND DANCE TRAINING:**

Do you have any special skills that you feel may be beneficial to the show?

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Potential medical or other conditions to note (if allergies, please indicate allergen and location of epipen if you have one):

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

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If there are any potential Scheduling Conflicts you're currently aware of please circle them on our attached Conflict Calendar

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

**EMERGENCY CONTACT:**

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

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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.