## THE GREELY PLAYERS 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:		Staple
Address:		Photo
Email:		Here
Home Phone: Cell Phone:		
Are you willing to change your hairstyle (cut/dye)? YES / NO		
f you wear glasses, are you able to wear contacts for performances?	YES / NO	
NOTABLE PREVIOUS PERFORMANCE EXPERIENCI	COR ROLES:	
COMPANY	VEAD	
COMPANY		
COMPANY COMPANY		
Role You're Auditioning for (1st choice):	(2nd choice):	
(3rd choice):		
Nould you consider other roles? YES / NO Would you cor	sider playing a role of a different gender	? YES / NO
Would you accept a role in the chorus? YES / NO		
MUSIC AND DANCE TRAINING:		
Please list any vocal and/or dance training and also any dance-relate pirouettes], acro, etc)	d skills that you can perform (ie, jumps [	eg, jete], turns [eg,
5.10 GG (100)		

Potential medical or other condition	s to note: (ie. asthma? serious allergies?) If you have allergies, do you carry an epipen? Please indicate
any other health concens that you t	nink we should be aware of:
Are vou currently performing/rehear	rsing anything now? Please note the show and rehearsal schedule:
, and your controlling personal grounds.	
	g Conflicts you're currently aware of please circle them on our attached Conflict Calendar. NOTE: not be accepted. Failure to attend during this timeframe, will result in dismissal from the production.
Greely Players can use my name o	n their website/social media/newspaper advertisements: YES / NO
Greely Players can use my photogr	aph on their website/social media/newspaper advertisements: YES / NO
EMERGENCY CONTACT:	
Name:	Parent or Guardian Info (if Under 18):
Home Phone:	Cell Phone:
Relationship:	
<del>-</del>	
	roduction! We appreciate your sharing your talent with us, and look forward to the opportunity to work
with you.	