



KEYSTONE THEATRICALS

GREASE

Audition Form

Please PRINT neatly



NAME _____		AUDITION NUMBER:	
ADDRESS _____			
CITY _____			
STATE _____	ZIP _____		
PHONE NUMBER _____			
E-MAIL ADDRESS _____			
HEIGHT _____	HAIR COLOR _____	EYE COLOR _____	
BIRTHDAY _____	AGE _____		
VOICE PART _____		TRAINING _____ YEARS	
DO YOU READ MUSIC? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF CAST, ARE YOU WILLING TO CHANGE YOUR APPEARANCE (Hair color, length, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ROLE(S) YOU WOULD ACCEPT:			
<input type="checkbox"/> DANNY <input type="checkbox"/> KENICKIE <input type="checkbox"/> SONNY <input type="checkbox"/> DOODY <input type="checkbox"/> ROGER			
<input type="checkbox"/> SANDY <input type="checkbox"/> RIZZO <input type="checkbox"/> FRENCHY <input type="checkbox"/> MARTY <input type="checkbox"/> JAN			
<input type="checkbox"/> JOHNNY CASINO <input type="checkbox"/> VINCE FONTAINE <input type="checkbox"/> MISS LYNCH			
WOULD YOU ACCEPT A ROLE IN THE ENSEMBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
The ensemble will be very small and will include Patty, Eugene, Cha-Cha, and may include Johnny Casino and Vince Fontaine.			
SONG YOU WILL BE AUDITIONING WITH: _____			
DANCE EXPERIENCE (STYLE) _____		TRAINING _____ YEARS	
_____		TRAINING _____ YEARS	
ARE YOU AVAILABLE FOR A CALLBACK ON SUNDAY, MAY 16 at 4:00 P.M.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU ARE NOT CAST, ARE YOU INTERESTED IN WORKING ON: (Check all that apply)			
<input type="checkbox"/> SPOTLIGHT <input type="checkbox"/> BACKSTAGE CREW <input type="checkbox"/> SET CONSTRUCTION <input type="checkbox"/> SCENIC PAINTING			
How did you hear/find out about the audition?			
PLEASE LIST PAST EXPERIENCE (SHOW - ROLE) - WRITE HIGHLIGHTS HERE OR ATTACH RESUMÉ			

PLEASE LIST ALL KNOWN CONFLICTS BETWEEN NOW AND JULY 9, 2021.