



# GREASE Audition Info Sheet



NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What audition time slot did you sign up for? \_\_\_\_\_

What role are you auditioning for? \_\_\_\_\_

Would you be willing to accept any other role? \_\_\_\_\_

Are you available every Monday and Wednesday from 3:00-4:30 PM? \_\_\_\_\_

If not, why not? \_\_\_\_\_

List any potential conflicts that you know about during the spring semester:

*(Specifically during Mondays, Wednesdays, Saturdays, and May 11-20.)*

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List any acting/singing/dancing/musical theater/performing arts experience:

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AUDITION INFO: <http://english9dvd.weebly.com/spring-musical.html>

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## FOR DIRECTOR USE ONLY

Audition Notes: \_\_\_\_\_

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