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AUDITION APPLICATION – GREASE

Footlight Productions Vic. Peter & Margaret Wills peter@footlightproductionsvic.com 0409 969 648

Please print fill out this form and bring it with you to your audition.

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NAME	
ADDRESS	POSTCODE
AGE MOBILE	
EMAIL	
What is your vocal range? ☐ soprano ☐ contralto ☐ tenor ☐ baritone ☐ bass	
What role/s are you auditioning for?	
What song are you auditioning with?	
Will you accept a role in the ensemble? Please consider this carefully $\hfill \square$ yes $\hfill \square$ no	
Do you play a musical instrumment? ☐ yes ☐ no If yes, which instrument? What level do you play at? ☐ Beginner ☐ Intermediate ☐ Advanced	
List five recent productions and roles you have performed in:	
YEAR ROLE PRODUCTION	COMPANY
Rehearsals will be held on Monday and Wednesday evenings and during the day on indicate if you have any commitments which would prevent you attending rehearsals. Di not impact on your selection in the production, but enables the production team to plan rehe	sclosure of these commitments will
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