



Audition Permission Form

Name: _____ Grade: _____ Phone (student's) _____
Please PRINT

Address: _____ Phone (home): _____

Emergency Contact Info: _____ Phone: _____

Name of Parent/Guardian: _____

Parent EMAIL: (Please Print) _____

By auditioning, you and your guardians are committing to abide by these requirements and making the schedule a priority.

By signing below, the parent/guardian gives permission for their student to take part in the performance along with acknowledges the commitments both for the students and their guardians which is required for the show. Please see the show requirements page for more details.

Parent Signature: _____

Student Signature: _____

You must bring this form and the permission slip completely filled out along with a current photo attached to the first audition.

Student Name: _____



Audition Questions:

To be filled out by student.

Name: _____ Age: _____ Grade: _____

Height: ___feet___inches Hair color: _____ Gender: Male Female Other

Audition Selection: # _____ Reading as _____

1.) Role(s):

You would like to be considered for:

Male Roles

Female Roles

Ponyboy

Sandy

Johnny

Cherry

Bob

Marcia

Randy

Mrs. O'Briant

Dallas

Jerry

Two-Bit

Doctor

Darry

Nurse

SodaPop

Mrs. Syme

Jerry

Ensemble: Greasers

Doctor

Ensemble: Socs

Mr. Syme

Ensemble: Hospital Workers

Paul

Ensemble: Children

Ensemble: Greasers

Ensemble: Socs

Ensemble: Hospital Workers

Ensemble: Children

Circle one.

Will you take any role offered? Yes or No *Will you take an Ensemble role? Yes or No

Do you have other talents (ex. playing an instrument, juggling, sewing etc)

2.) What are your best personal qualities? _____

3.) Do you have any other talents/abilities that you would like the directors to know about? (list)
(ex. playing an instrument, juggling, sewing etc)

Please list any schedule conflicts below- including plans for breaks, sports/activities, work, etc.
