

Dublin Community Theater presents *Grease*, July 16-19, 2026
YOUTH Audition Form (Under 18)

Name: _____ Age: _____

School: _____ Grade: _____

____ 4 x 6 photo attached

Do you give permission for us to post promotional pictures and videos that include your child? _____ yes _____ no Preferred Email Address: _____

Parent/ Guardian Information

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Prior Acting/Performing Experience (Please place any further important information on the back of this form if needed.)

Name/Type: (i.e. dance recital)	Explain Role(s) (i.e. ballet, gymnastics, tap)	Year

Optional: Special Skills- Do you have a talent or skill you would like for us to know about? Parents, do you have resources that could help in our production? Carpentry, sewing, etc.)

**If you have any known conflicts with rehearsals, please list dates on the back of this form. In addition, please feel free to elaborate on any other information you find pertinent for us to know.

Dublin Community Theater Presents *Grease*, July 16-19, 2026
ADULT Audition Form (Age 18 to 26)

Name: _____

Cell Number: _____ Email: _____

Address: _____

Prior Acting/Performing Experience (Please place any further important information on the back of this form if needed.)

Name of Show	Role	Year

Optional: Special Skills- Do you have a talent or skill you would like for us to know about? Do you have resources that could help in our production?

**If you have any known conflicts during the rehearsal period, please list dates below or on the back of this form.