



GRETNA THEATRE

Under the trees in Mt. Gretna...since 1927

Believe!

Gretna Theatre
P.O. Box 578
Mt. Gretna, PA 17064
Office: 717-964-3322
Fax: 717-964-2189
www.gretnatheatre.com

AUDITION FORM

Name _____

For Young Actors, Name of Parent/Guardian _____

Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ *For Young Actors*, Parent/Guardian Phone _____

E-Mail Address _____

Height: _____ Weight: _____ *For Young Actors*, Age: _____ *Current Grade Level* : _____

Hair Color: _____ Eye Color: _____

For Young Actors: School _____

Vocal Range: _____ Vocal Experience: _____

Dance Experience: _____

See Attached Resume ____ or below is my Theatre/Performing Experience:

Internal Use Only

Song(s):

Notes: