

**AUDITION FORM**

Name:

 (Please print name as it will appear in all publicity, including the program)

Email Address:

Home Address:

Home Phone: Cell Phone:

Age: Gender Pronouns: Height:

Dance: Y N Styles:

Sing: Y N Range:

Please check ONE of the following:

 I will accept **any** role.

 I **prefer** the role of , but will accept any role.

 I will accept **only** the role of .

Previous Theater Experience (you may attach a resume instead)

(Role/Staff/Crew, Production, Theater Name, and Location)

1.
2.
3.
4.
5.

List SPECIAL TALENTS

(Examples: Playing an instrument, Juggling, Acrobatics, Puppetry, Up-close Magic, etc.)

List ALL CONFLICTS

Unless conflicts are listed on this sheet, you will be expected to be present at scheduled times.

Artistic Synergy of Baltimore is a consent-based and trauma-informed organization. If you have questions regarding details or more information about these practices, please email us at artisticsynergybaltimore@gmail.com.

For Production Staff Use Only

Vocal Range:

Reading:

Notes: