Proud Mary Theatre Company Play Audition Form

Name:	Age: _		_Height:	
Address:				
Email:	Phone:			
Preferred Pronouns:				
Will you accept any role offered to you?	Yes No			
Are you willing to work on our technical	crew if not cast?	Yes	No	
Are you comfortable playing roles that ar	e outside of your	person	al gender or sexu	ual orientation?
Yes No				
Any comments, concerns, or things you a	re uncomfortable	with d	oing onstage:	
Previous Theatrical Experience:				
Known conflicts during the rehearsal and	production dates:			

Signature:	Date:	
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