

# BLENDed ARTISTS IMAGINARIUM

## Member Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ IL: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Preference? Text Call Email

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Sing? Y N If yes, vocal range: \_\_\_\_\_

Dance? Y N If yes, type(s): \_\_\_\_\_

Instrument? Y N If yes, what and for how long? \_\_\_\_\_

Talents? (ex: juggling, gymnastics, ventriloquist, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills? (ex: carpentry, sewing, makeup, painting, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Formal Training/Education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behind the scenes interests? (ex: publicity, box office, stagehand, sound, lighting, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_