

TECH FORM

Student's Name: _____ Gender M F Age _____
School: _____ Grade _____

Student's Cell Number: _____ Parent Cell Number: _____
T-shirt Size _____ (YS, YM, YL, AS, AM, AL, AXL)

What are you interested in? (Check all that apply)

<input type="checkbox"/> Assistant Directing	<input type="checkbox"/> Make Up	<input type="checkbox"/> Set
<input type="checkbox"/> Backstage/Running Crew	<input type="checkbox"/> Sound	<input type="checkbox"/> Props
<input type="checkbox"/> Costumes/ Wardrobe	<input type="checkbox"/> Lights	<input type="checkbox"/> Ushering

Other (Please Specify) _____

Have you worked with Smiles & Frowns before? No Yes (Please specify)

Briefly list any other theatrical experiences including approximate date (year).

Are there any learning or physical disabilities that you would like to bring to our attention? Yes__ No __
If yes, how may we best accommodate your needs?

Please note: You do not have to attend all eight Saturday tech days.

Backstage/Running Crew: The backstage/running crew will be chosen from individuals who work on those days. If interested in working on running crew, please list all previous commitments that may conflict with technical rehearsals (March 4-7 4:30pm-6:00pm; March 11-14 6:00pm-9:30pm) and performance times (March 15 6:00pm-9:30pm; March 16 1:00pm-5:00pm).

Use backside of this sheet if more space is needed.