

# 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. 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** (October 31st-November 3rd 4:30pm-6:00pm; November 7th-10th 6:15pm-9:30pm) **and performance times** (November 11th 6:00pm-9:30pm; November 12th 1:00pm-5:00pm).  
**Use backside of this sheet if more space is needed.**