**SISTER ACT**

**Crew Application**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_ Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you have any experience on a crew? If so, what?

* What crew are you interested in being on for the musical? (Rank the crews 1-9 with 1=Most Interested, 9=Least Interested)

\_\_\_\_House

\_\_\_\_Publicity

\_\_\_\_Lights

\_\_\_\_Sound

\_\_\_\_Hair/Makeup

\_\_\_\_Costumes

\_\_\_\_Construction

\_\_\_\_Props

* Why should you be chosen to be on crew?

**LIST ALL OF YOUR CONFLICTS WITH THE REHEARSAL SCHEDULE (be very specific!): (sports teams/practices, games, church, jobs, etc)**

September

October

November

**THIS PAGE (FRONT AND BACK) MUST BE FILLED OUT AND SIGNED BY YOUR PARENT/GUARDIAN BEFORE IT IS *DUE ON WEDNESDAY 9/14!!* BRING THIS FORM TO MR. ASHPAUGH IN THE GREEN ROOM.**

**YOU WILL NOT BE CHOSEN IF YOU DO NOT TURN THIS SHEET IN!!!!**

**PARENTAL PERMISSION:** I understand that if my child is chosen for crew for *SISTER ACT*, he/she/they will need to stay at school until approximately 5:30pm daily during the rehearsal process**. I understand that during the week of the show AND the week before the show; rehearsals may take place later into the evenings than what the rehearsal schedule states**. I understand this means that transportation will need to be arranged and appointments will need to be carefully scheduled to help my student attend all rehearsals. I understand that commitment to the show does include some weekends AND strike after the final performance. Failure to stay for strike will include no thespian points granted for the show and not being eligible to participate in the next school-wide production.

\*\*\*\* Students are to be at rehearsal and NOT ANYWHERE else during scheduled rehearsal times!

BY SIGNING BELOW… WE UNDERSTAND THAT FAILURE TO ABIDE BY THE ABOVE POLICIES WILL RESULT IN REMOVAL FROM THE PRODUCTION.

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

STUDENT FIRST AND LAST NAME (please print clearly)

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

PARENT/GUARDIAN PRINTED NAME

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

 PARENT/GUARDIAN SIGNATURE

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

PARENT/GUARDIAN EMERGENCY CONTACT NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN EMERGENCY EMAIL