



## Onstage and Inclusive — Interest Form (Please Print Legibly)

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

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

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

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

(if under 18 please fill in parent information below)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Do you have any accommodation needs that we should know about? \_\_\_\_\_

Who will be transporting you to and from the theatre during this program? \_\_\_\_\_

Cell Phone # of person(s) providing transportation: \_\_\_\_\_

Email of person(s) providing transportation: \_\_\_\_\_

\*\*SCAT arrangements are not accepted for this program.

### **WHO IS THE LOCAL CONTACT PERSON IF WE HAVE QUESTIONS, NEED IMMEDIATE ASSISTANCE OR IN CASE OF EMERGENCY DURING PROGRAM HOURS?**

Name: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

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

Please list experience in acting, singing, and dancing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you participated in any other theatrical activity? \_\_\_\_\_

Are you interested in backstage or technical opportunities? (lighting, sound or stage management) \_\_\_\_\_