

# CREW FORM

We are so excited that you have decided to be a part of this production! Please fill out this form to the best of your ability and turn it in to the director as soon as possible. Be as detailed as possible and if you have questions, just ask!

**Print clearly to avoid problems later!**

Name (First and Last):

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Preferred Pronouns (he/him, she/her, they/them, etc.):

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

Your email address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Crew Positions That May Be Available:

- Sound board
- Sound Effects
- Light board
- Spot lights
- Set mover backstage (some strength may be required)
- Prop Master
- Curtain/fly system (some strength may be required)
- Set builder and/or painter
- Hair and Makeup
- Costumes
- Other:

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Top Three Positions that interest you 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Will you do the show even if you are not assigned one of these positions?

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Do you have any theatre experience? Tell us about your experience, especially crew positions on the back of this form!

Please list any conflicts you have with the schedule on the back of this form!

Any absences listed will be excused if you are asked to crew the show.

Please list any conflicts you have with the schedule here! Any absences listed will be excused if you are asked to crew the show. Be as specific as possible (dates and times) when listing conflicts. It is very important to the success of the show that crew members are at practice when they are needed.

If you are asked to crew the show, you will receive a schedule with more specific details at a later time.

**EMERGENCY CONTACT INFORMATION:**

Name (First/Last): \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ Phone(Other): \_\_\_\_\_

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

Is there any information we need to be aware of for you in case of emergency: (I.e. Allergies, chronic illness, dietary restrictions etc.) Do not feel obligated to provide medical information.

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