

**TECH Form**  
Smiles and Frowns Playhouse

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cell/other \_\_\_\_\_

Emergency Contact if Parent/Guardian Unavailable \_\_\_\_\_

Parent Email \_\_\_\_\_ **\*\*Please provide Email!\*\***

If Student: School \_\_\_\_\_ Grade \_\_\_\_\_

Gender \_\_\_\_\_M \_\_\_\_\_F Clothing Size \_\_\_\_\_

How did you find out about the production? (Check all that apply)

\_\_\_\_\_E-mail \_\_\_\_\_flier \_\_\_\_\_playhouse mailer \_\_\_\_\_TV  
\_\_\_\_\_Friend \_\_\_\_\_radio \_\_\_\_\_newspaper \_\_\_\_\_other (specify)

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

\_\_\_\_\_Acting \_\_\_\_\_Singing \_\_\_\_\_Dancing \_\_\_\_\_Directing  
\_\_\_\_\_Backstage \_\_\_\_\_Props \_\_\_\_\_Make-up \_\_\_\_\_Technical  
\_\_\_\_\_Set \_\_\_\_\_Usher \_\_\_\_\_Sound \_\_\_\_\_Lights  
\_\_\_\_\_Costumes \_\_\_\_\_Other (Please Specify) \_\_\_\_\_

Have you worked with Smiles & Frowns before? \_\_\_\_\_No \_\_\_\_\_Yes (Please specify)

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

Is there any learning or physical disabilities that you would like to bring to our attention?

How may we best accommodate your needs?

Please list all previous commitment that may conflict with the posted rehearsal times.

**Use backside of this sheet if more space is needed.**