

PLAYERS YOUTH THEATRE (PYT - AGES 12 TO 18) MEMBERSHIP APPLICATION

FULL NAME	
ADDRESS	
POST CODE	
LANDLINE	MOBILE
EMAIL	
DATE OF BIRTH	

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S SIGNATURE

DATE OF APPLICATION

PLEASE TICK ANY AREAS YOU ARE PARTICULARLY INTERESTED IN:

FRONT OF HOUSE	<input type="checkbox"/>	WELCOMING PATRONS/HANDING OUT PROGRAMMES
HAIR & MAKE-UP	<input type="checkbox"/>	
PROMPT	<input type="checkbox"/>	
PROPS	<input type="checkbox"/>	SOURCING/ORGANISING/HANDLING PROPS FOR A PLAY
PUBLICITY	<input type="checkbox"/>	PROMOTING PLAYERS YOUTH THEATRE
SET PREPARATION	<input type="checkbox"/>	
SOUND	<input type="checkbox"/>	RECORDING/OPERATING SOUND/MUSIC FOR A PLAY
LIGHTING	<input type="checkbox"/>	SETTING/OPERATING LIGHTING FOR A PLAY
STAGE MANAGEMENT	<input type="checkbox"/>	CO-ORDINATING BOX, BACKSTAGE & ACTORS
TEAS	<input type="checkbox"/>	SELLING TEA/COFFEE VOUCHERS & SERVING
WARDROBE	<input type="checkbox"/>	SOURCING COSTUMES & ASSISTING ACTORS
WRITING	<input type="checkbox"/>	

PLEASE COMPLETE AND FORWARD TO: **BARBARA HARRIS (PYT MEMBERSHIP)**

94 BROWN LANE, HEALD GREEN, CHEADLE, CHESHIRE SK8 3RA ritchie.barbara3@gmail.com

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