



MEMBERSHIP APPLICATION

(Please print)

Application date:

PARTICIPANT'S INFORMATION				
Last Name:	First:	MI:	Prefix:	Gender:
Under the age of 18? Yes No	Date of Birth:	Military Status:	Unit:	Rank:
Mailing Address:	City:	State:	Zip Code:	
Cell phone:	Home phone:	E-mail address:		

EXPERIENCE	
Have you ever participated in performing arts before?	Yes No
If yes, what is your experience?	
What areas of performing arts interest you the most? (Mark all that apply.)	
<input type="checkbox"/> Directing <input type="checkbox"/> Acting <input type="checkbox"/> Stage and Set Design <input type="checkbox"/> Singing <input type="checkbox"/> Dance <input type="checkbox"/> Technical Production <input type="checkbox"/> Other:	

IF UNDER THE AGE OF 18 PLEASE PROVIDE THE FOLLOWING INFORMATION			
Parent's Last Name:	First Name:	MI:	Home Phone:
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">X</div> <hr style="border: 1px solid black;"/> Parent's signature			

HOW DID YOU HEAR ABOUT US? (Please check)
<input type="checkbox"/> SVS Website <input type="checkbox"/> Friend <input type="checkbox"/> Talespinner <input type="checkbox"/> SVS Hotline E-mail <input type="checkbox"/> Other:

The information above is true to the best of my knowledge.

X

Participant's Signature

