## **Stage Crew/Tech Application**

Name:							
First			Middle		Last		
Address:							
Str	eet	City		S	tate	Zip	
Email:							
Home Phone:		Cell Phone:		_Age:	Gen	der:	
		Work	Experience:				
Production	ponsibilities			Supervisor			
		Position for wh	nich you are appl	ying:			
Back Stage Crew		Spot Light Oper	atorAsst. Sou	Asst. Sound Operator			
Asst. Stage Manager		Props	Asst. Ligi	Asst. Light Operator			
Set Designer		Set Construction	nAsst. Cos	Asst. Costumes			
Asst. Make-up		Sound Operator	Light Ope	Light Operator/Design			
Usher	_	Stage Manager					
	Please	e describe your ex	xperience/training i	n this ar	ea:		

Please list three references on the back of this paper: include name, address and phone number. Please return this application to ACT. You will be contacted by the Stage Manager or Producer as needed.

Academy of Children's Theatre, 213 Wellsian Way, Richland, WA 99352, 509-943-6027