

SFCT Member Information Form

All volunteers and performers become non-voting members of the Smiths Falls Community Theatre.

NAME _____

PHONE NUMBER(S) _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

AREAS OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> ACTING | <input type="checkbox"/> BACKSTAGE |
| <input type="checkbox"/> DIRECTING | <input type="checkbox"/> YOUTH THEATRE CHAPERONE |
| <input type="checkbox"/> SETS (BUILDING/PAINTING) | <input type="checkbox"/> FRONT OF HOUSE (USHER, TICKETS) |
| <input type="checkbox"/> PROPS | <input type="checkbox"/> MUSIC DIRECTION |
| <input type="checkbox"/> COSTUMES | <input type="checkbox"/> ADVERTISING/PROMOTION |
| <input type="checkbox"/> HAIR/MAKEUP | <input type="checkbox"/> SFCT BOARD |
| <input type="checkbox"/> LIGHTS/SOUND | <input type="checkbox"/> Other _____ |

If you are interested in chaperoning in our youth productions, please provide a Reference (name and number) below:

How did you hear about/become interested in our theatre?

PRIVACY CONSENT

As a member of the cast and crew of any SFCT production, my name and photograph may be published in newspapers, social media, the newsletter, and/or the SFCT website. I will not use or disclose personal information of any SFCT member to any third party for any reason.

CODE OF CONDUCT

I have read and agree to abide by the SFCT Code of Conduct.

Signature

Date