RIVERSIDE PLAYERS TECH FORM



NAME OF SHOW AUDITIONING FOR

FIRST & LAST NAME

NAME:				
Address:				
MAIN PHONE:				
ALT PHONE:				
AGE:		GUARDIAN CONTACT:		
Desired Crew (Circle all that apply)				
Stage Management	Sound Crew	Light Crew	Running Crew	i.
Stage Crew	House Crew	Prop Crew	Costume/Mak	eup
OTHER:				

1. Provide any related tech experience

2. PLease provide any conflicts you have on the attached sheet. Please remember that tech days may differ from rehearsal days.

3. Do you have any experience operating a light or sound board?

BAND FORM:

1. Name of Instruments:______

2. Exeperience:_____