



Smiles and Frowns Playhouse

# Technical Form

Name of Participant: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

Have you worked with Smiles & Frowns before? YES NO

What are you interested in? (check all that apply)

\_\_\_\_\_ Stage Manager / Assistant Director \_\_\_\_\_ Backstage Crew

\_\_\_\_\_ Lights \_\_\_\_\_ Sound \_\_\_\_\_ Set Construction / Painting \_\_\_\_\_ Props

Other: \_\_\_\_\_

List previous theatrical experiences.

Play	Position(s)	Date/Year

Are there any learning or physical disabilities we should be aware of? If so, please specify.

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If interested in working backstage, list all previous commitments that may conflict with the posted last two weeks of rehearsal and show dates.

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