

# "Seussical" Crew Member Form - Muskegon Catholic Central Schools

First & Last Name \_\_\_\_\_ Age \_\_\_\_\_

Full Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Parent/Guardian Emails \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to You \_\_\_\_\_

Emergency Contact Numbers \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Please circle the crews where you wish to assist:

Backstage Set Crew                      Tech Booth                      Hair Crew                      Make-Up Crew

Please list your past theatrical experiences. Additional space is available on the back.

Show / Theatre Company	Role / Position	Director

Please list ALL conflicts for February-March. Additional space is available on the back.

Dates	Time	Reason for Conflict
Every Tuesday in Jan-Mar	3:30pm-5:30pm	Dance Class

I \_\_\_\_\_ (Parent/Guardian) give permission for my student to participate in MCC's Spring Musical. Signature: \_\_\_\_\_