



Parent Volunteer Information Sheet

NAME OF CAST MEMBER _____

Name of parent/guardian: _____ Email: _____

Cell phone: (____) _____ Home phone: (____) _____

Check days available to volunteer:

	Mon	Tue	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

Comments: _____

Name of parent / guardian: _____ Email: _____

Cell phone: (____) _____ Home phone: (____) _____

Check days available to volunteer:

	Mon	Tue	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

Comments: _____

Do you have a: Truck _____ Trailer _____ Other: _____

Please indicate the area(s) in which you would prefer to volunteer by listing your first, second and third choices:

____ **Sets:** Painting, building, etc.

____ **Costumes:** Sewing, gluing, cutting, or assisting with costume changes, etc.

____ **Props:** building and/or acquiring.

____ **Hair & Make-up:** This is during tech week and run of show.

____ **Load In/Strike:** moving and setting up/taking down scenery before tech/after final performance

****Please Note: All cast members will be required to help with strike.***