

Denstone Players Permanent Member Registration Form

Please indicate how you would like to be involved with Denstone Players. The information you give will help us choose suitable play scripts.

Forename _____

Surname _____

Address _____

Address _____

Address _____

Post Code _____

Email _____

Mobile No. _____

Home Tel No. _____

Age Range:

	18 or under
	19 - 25
	26 - 35
	36 - 45
	46 - 55
	56 - 65
	66 or over
	Prefer not to say

Female

Male

Please tick as many boxes as you wish:

I am interested in:

<input type="checkbox"/>	Acting	<input type="checkbox"/>	Never acted before
		<input type="checkbox"/>	Acted before
		<input type="checkbox"/>	Considerable Acting Experience
<input type="checkbox"/>	Directing		
<input type="checkbox"/>	Set Building/Design	<input type="checkbox"/>	Play Reading Committee
<input type="checkbox"/>	Costume	<input type="checkbox"/>	Publicity
<input type="checkbox"/>	Props	<input type="checkbox"/>	Committee membership
<input type="checkbox"/>	Prompt	<input type="checkbox"/>	Sound
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Make-up
<input type="checkbox"/>	Organised theatre visits	<input type="checkbox"/>	Front of House

Any other relevant information: _____

Please return this form to the Secretary: Mr H Marsh, Peak Edge, Bridge Hill, Mayfield. ASHBOURNE, DE6 2HN or email it hugo.marsh2202@gmail.com. Pay your £5 Registration Fee (cheques to Denstone Players or bank transfer: Denstone Players, sort 090155. Account 41198807, use your name as the reference)