

## 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:

<input type="checkbox"/>	18 or under
<input type="checkbox"/>	19 - 25
<input type="checkbox"/>	26 - 35
<input type="checkbox"/>	36 - 45
<input type="checkbox"/>	46 - 55
<input type="checkbox"/>	56 - 65
<input type="checkbox"/>	66 or over
<input type="checkbox"/>	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 along with your £5 Registration Fee (cheques to Denstone Players) to the Secretary:  
Mr H Marsh, Peak Edge, Bridge Hill, Mayfield. ASHBOURNE, DE6 2HN**