**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 |  |   |   |   |  |  | Age Range: |
| Surname |   |   |   |   |  |   |  18 or under |
| Address |   |   |   |   |  |   |  19 - 25 |
| Address |   |   |   |   |  |   |  26 - 35 |
| Address |   |   |   |   |  |   |  36 - 45 |
| Post Code |   |   |   |  |  |   |  46 - 55 |
| Email |   |   |   |   |  |   |  56 - 65 |
| Mobile No. |   |   |   |  |  |   |  66 or over |
| Home Tel No. |   |   |   |  |  |   | Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
|   |  Female |   |  Male |

**Please tick as many boxes as you wish**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | I am interested in: |  |  |
|  |  |   |  Never acted before |
|  |  Acting |  |  Acted before |
|  |  |   |  Considerable Acting Experience |
|   |  Directing |  |  |
|  |  |  |  |
|   |  Set Building/Design |   |  Play Reading Committee |
|  |  |  |  |
|   |  Costume |   |  Publicity |
|  |  |  |  |
|   |  Props |   |  Committee membership |
|  |  |  |  |
|   |  Prompt |   |  Sound |
|  |  |  |  |
|   |  Lighting |   |  Make-up |
|  |  |  |  |
|   |  Organised theatre visits |   |  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)**