Submit to smte@fscj.edu by May 6, 2025



## <u>APPLICATION FORM - TECHNICIANS</u>

Gender prono	uns: He/Him	She/	Her	They/The	m			
Age:	Date o	of Birth:				_		
Address:								
City:					_State:		_Zip:	
	State:Zip:							
Parent's Email	t's Email: Parent's Phone #							
Adult T-Shirt S	Size: (circle on	e) S	$\mathbf{M}$	L XL	X	XL		
What grade w	ill you start ir	August 202	5? 8	9 10	11	12	College*	
What school d	•							be attending.
Have you part	icipated in a p	orevious SMT	E production	on?			YES	NO
If yes, w	which shows? _							
Have you had *If yes, please b	- 1		•	•	•		YES	NO
At the beginning and Costumes. Subject the	. Areas of pain lon't tend to w	nting, props, i vork a regula	make-up, lig r schedule.	thting and With this in	sound v	will get ion in n	added later nind:	
	crew you wou					C	OSTUMES	
What othe	er areas are yo PAINTING	ou interested PROPS	-	all that app MAKE-UP		IGHTIN	NG	SOUND
CHECK ONE:								
	ILY interested	l in participat	ing prior to	the show	opening	5.		
I am ON	ILY interested erested in par	•	0.1				g the show.	
I am ON I am into Our production June the sched	erested in par on staff detern dule typically i	rticipating pr	ior to the sl	now openin	ng AND	running : availal	oility. Durin	_
	erested in par on staff detern dule typically i July.	rticipating pr nines the woi is Monday – '	ior to the sl ck schedule Thursday d	now openin	ng AND	running : availal	oility. Durin	_

Please list any known conflicts from June 5 through July 27: (Vacations, overnight camps, mission trips, graduation, etc.)

DATE	TIME	REHEARSAL CONFLICT
*Briefly o	lescribe any pro	evious performance experience or why you want to participate:
1		

## After completing this form, save and email to smte@fscj.edu with your first and last name in the subject line.





If you have trouble accessing this document and need to request an alternate format, please contact the Summer Musical Hotline at (904) 646-2347.

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