GPHS Theatre Department

UIL One Act Play Crew Application

Thank you for expressing your interest in working tech for our one act! Please provide the following information and submit this form to Mrs. Hellyer (C-105) on or before auditions.

PERSONAL INFORMATION

First Name		Last Name		
Email				
Your Phone #		(circle one)	cell home	
Who is the adult a	t home?			
Parent/Guardian P	hone #			
🖵 Th	h one?	No Tech I Tech II-IV Productions		
CLASS SCHEDULE Please fill in your o	lass schedule and give the lette	r of your lunch period.		
LUNCH (A) (B)	CLASS	TEACHER	ROOM	
1st Period				
2nd Period				
3rd Period				
4th Period*				
5th Period				
6th Period				
7th Period				
8th Period				

^{*}Students selected for OAP Crew will be expected to transfer into the 4th period Productions class. Please notify your counselor of this expectation if you are not already enrolled in this class.

CONFLICTS

Rehearsals will be from 3:15 pm to 5:15 pm Monday – Friday from January – potentially April with occasional weekend rehearsals. Rehearsals before clinics and competitions will have utmost importance, therefore absences for those dates **will not be tolerated.**

Technicians will be active during rehearsals to help with any elements required for show so we will be ready to compete. Always assume crew is called for all rehearsals.

Recurring Conflicts

Day	Reason	Not Available	Time Restriction	Flexible?
Ex. Monday	Drill Team	X		Yes
Ex. Friday	Work		Need to leave at 4:25	No
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Singular Conflicts

Date	Reason	Not Available	Time Restriction	Flexible?
Ex. Sept 29	Doctor's Appt.		Will arrive at 4pm	No
Ex. Oct 1-2	Family Trip	X		No

PAST THEATRE EXPERIENCE

Please list the last three technical positions you have worked

SHOW TITLE (Ex. Beauty and the Beast	POSITION Stage Manager	COMPANY GPHS Theatre)
Rank your interest in the follo	wing technical areas	s (1 - most interested, 6 - least interested)
Lighting		Props
Sound		Costumes
Stage Management		Run crew
		area you are most interested in OR why you are see as little or as much space as you need.

Please check each of the following statements to signal your consent and understanding.
If I am chosen to be a part of this OAP production crew: I am selected because Mrs. Hellyer sees potential in me and has chosen me to help represent the technical theatre department I am to be present at all rehearsals unless told otherwise by Mrs. Hellyer I will be a cheerful worker and a team player, working together with all members of the one act company I will sign the GPHS Theatre safety contract if I have not already done so I am responsible for securing transportation to and from rehearsals, shows, and competition gathering places I will subscribe to the OAP Remind, join the OAP Google Classroom and will actively check these medias as well as the physical call board I will not miss work calls, technical rehearsals, dress rehearsals, shows, clinics, or competitions (which are noted on the rehearsal schedule posted on the call board) I will not miss deadlines, drop responsibilities, or stop working for the production durin this process I understand the weight of this competition and the importance of professionalism whe representing GPHS Theatre Department to other schools across the state By signing this application, I certify that the provided information is true and correct to the bes of my knowledge. I also certify my understanding of the above points.
Student Name (print) and date
Student Signature
Parent/Guardian Name (print) and date
Parent/Guardian Signature