

HOPE REP THEATRE GUILD MEMBERSHIP

Founded in 1980



THEATRE GUILD MEMBERSHIP FORM

Name(s) _____

Additional name(s) _____

(You may use one membership form for multiple family members. Please include their names on the lines provided.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am interested in:

____ Ushering (*Complete Ushering Form)

____ Food for Starving Artists

____ Sustaining Membership

YES, I WANT TO BE A PART OF THE THEATRE GUILD!

(All membership fees are tax deductible as a charitable contribution)

Basic Membership: # _____ x \$30.00 per person = \$ _____

Couple Membership: # _____ x \$50.00 per couple = \$ _____

Sustaining Membership: # _____ x \$ _____ = \$ _____

Total Due: = \$ _____

***THEATRE GUILD USHERING FORM**

To choose your dates to usher, return your membership form with payment prior to April 28th and indicate the dates and times you are interested in ushering in order of preference. Dates will be assigned based on the date your form is returned. No dates will be assigned until April 29th.

All ushers must be members of the Theatre Guild at some level.

Please sign up for one (1) performance for each title and one (1) alternate spot per title.

Please see below for theatre locations and number of ushers needed in each space.

Tuck Everlasting

Dewitt Theatre (4-6 ushers)

1.Date_____ Time_____

2.Date_____ Time_____

3.Date_____ Time_____

4.Date_____ Time_____

Boeing Boeing

Dewitt Theatre (4-6 ushers)

1.Date_____ Time_____

2.Date_____ Time_____

3.Date_____ Time_____

4.Date_____ Time_____

Rock of Ages