

ASSISTANT STAGE MANAGEMENT APPLICATION FORM
(University Players)

NAME: _____ Student #: _____

Address: (Local) _____ Ph #: _____

(Home) _____ Ph #: _____

Degree Programme: _____ Year: _____

Full-Time Part-Time

► Have you previously served as an Assistant Stage Manager (ASM) on a University Players production? No Yes (If yes, please fill out the following section.)

Production(s)	When	Director
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Production(s) you are applying to ASM.: _____

Signature _____ Date _____