HOPE REP THEATRE GUILD MEMBERSHIP

Founded in 1980



THEATRE GUILD MEMBERSHIP FORM

Name(s)			
Additional name(s)			
(You may use one membership form for n	nultiple family member	ers. Please include th	neir names on the lines provided.)
Address:			
City:	State:	Zip:	
Phone:	Email:		
I am interested in:			
Ushering (*Complete Ushering Food for Starving Artists Sustaining Membership	g Form)		
YES, I WANT TO BE A PART OF TH (All membership fees are tax deductible a			
Basic Membership:	# x \$30.0	00 per person	= \$
Couple Membership:	#x \$50.0	0 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