

The A.C.T. Parent Volunteer Form

Parent's Name: _____

Child's Name: _____

ACT ONE: K-2nd Grade

ACT TWO: 2nd- 4th Grade

Email: _____

Do you have a special skill that would help with the production?

Please list your preferences below:

Committee Name

Committee Level

1- _____

2- _____

3- _____

4- _____

5- _____

6- _____

7- _____

Is there any performance or tech rehearsal that you cannot attend?

Is there another person that you would like to work with if possible?

Policies:

- Space in each committee is limited and will be filled on a first come first serve basis
- Committee assignments will be notified by email
- For detailed Committee information go to: www.the-act.org
- Parent Volunteer Forms will be accepted throughout registration and auditions
- Anyone who has not submitted a volunteer form by the first day of rehearsal will be required to sign-up for a committee(s) at the parent meeting, if they chose the "Co-op" option
- If you would like to change your tuition choice, you have 7 business days prior to auditions to do so. After that time, all tuition choices and payments are final.

