

The Regent Theatre Volunteer Registration Form



Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Day Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Are you a student? _____

School: _____

Please tell us about your skills and talents.

What would you enjoy doing? Check all that interest you.

- | | | | | | |
|-------------------------|--------------------------|-------------|--------------------------|-----------------------|--------------------------|
| EVENT VOLUNTEER | <input type="checkbox"/> | Backstage: | <input type="checkbox"/> | Fundraising: | <input type="checkbox"/> |
| Box Office: | <input type="checkbox"/> | Movies: | <input type="checkbox"/> | Building Maintenance: | <input type="checkbox"/> |
| Wine Bar (Smart Serve): | <input type="checkbox"/> | Concession: | <input type="checkbox"/> | Office Work: | <input type="checkbox"/> |
| Ticket Taker: | <input type="checkbox"/> | Ushering: | <input type="checkbox"/> | Poster Distribution: | <input type="checkbox"/> |
| Other (specify): | _____ | | | | |

When are you available?

Monday-Friday		Weekend	
Off Season (September – May)			
Days: <input type="checkbox"/>	Evenings: <input type="checkbox"/>	Days: <input type="checkbox"/>	Evenings: <input type="checkbox"/>
Summer Season (June - September)			
Days: <input type="checkbox"/>	Evenings: <input type="checkbox"/>	Days: <input type="checkbox"/>	Evenings: <input type="checkbox"/>