



HSRT THEATRE GUILD MEMBERSHIP FORM

Office Use:
Date Received: _____
Received By: _____

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: _____ E-mail: _____

I am interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Ushering (Complete reverse side) | <input type="checkbox"/> Transportation | <input type="checkbox"/> Cleaning Crew |
| <input type="checkbox"/> Adopt - A - Cottage Host | <input type="checkbox"/> Strike Night | <input type="checkbox"/> Hearing Assist/Loop System Support |
| <input type="checkbox"/> Food for Starving Artists | <input type="checkbox"/> Young Guild | <input type="checkbox"/> Other: _____ |

I am interested in applying for a committee chair position for _____
(We will contact you to set-up an interview.) (Indicate area you'd like to chair)

YES I WANT TO JOIN THE THEATRE GUILD:

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

- | | | |
|---------------------------------|------------------------------|------------|
| Basic Membership: | # _____ x \$25.00 per person | = \$ _____ |
| Friends Membership:* | # _____ x \$30.00 per person | = \$ _____ |
| Supporting Membership:* | # _____ x \$50.00 per person | = \$ _____ |
| Social Membership:* | # _____ x \$75.00 per person | = \$ _____ |
| Young Guild Membership:* | # _____ x \$25.00 per person | = \$ _____ |
| <small>(Ages 12 - 17)</small> | | |
| Sustaining Membership: | # _____ x \$ _____ | = \$ _____ |

Total Due: _____

**This level includes a season T-shirt please indicate the size(s) for each person joining at these levels:*

_____ Small # _____ Medium # _____ Large # _____ X-Large # _____ 2X-Large # _____ 3X-Large

Payment Type:

Check (Made payable to Hope College)

Credit Card Circle: Visa MasterCard American Express Discover



_____ Exp: _____ CVV _____

COMPLETE OTHER SIDE FOR USHERING DATES

Please return form with payment to:

HSRT Theatre Guild • PO BOX 9000 • Holland, MI 49422-9000

Phone: 616-395-7600 • Email: hsrt@hope.edu

USHER DATE SIGN-UP

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: _____ E-mail: _____

This season we will NOT be doing an in person sign-up. To choose your dates to usher, return your membership form with payment prior to **Tuesday, May 1 by 5:00 p.m.** and indicate the dates and times you are interested in ushering in the **order of preference**. No dates will be assigned prior to May 2, 2018.

We will do our best to assign you at least two (2) of the top dates you request. *We will assign dates based on the date your membership form is returned.*

- All ushers must be members of the Hope Theatre Guild at some level.
- Children ages 12 - 17 who wish to usher must be accompanied by an adult who is also ushering.
- You may sign-up for one (1) performance for each title and for one (1) alternate spot per title.
- You may list more than four (4) dates per title, and if you'd like to do more than one night per title we will add additional dates after everyone has had initial dates assigned.
- Return forms via mail, e-mail (hsrtptr@hope.edu) or in person at the Hope Theatre Office(2nd Floor DeWitt).

There are ten (10) ushers and four (4) alternates for the three productions in DeWitt - Reserved Seating
(*The Wiz, The Odd Couple, Godspell*)

There are four (4) ushers and two (2) alternates for *An Iliad* in the Howard Recital Hall. - General Seating

We would like to usher with: _____

(Indicate name of others you'd like to be assigned with)

Issues, comments, preferences, you'd like us to be aware of. Please be specific:

***The Wiz* - Usher**

DeWitt Theatre

___ I would like to usher more than once for this title

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

4. Date _____ Time _____

***Godspell* - Usher**

DeWitt Theatre

___ I would like to usher more than once for this title

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

4. Date _____ Time _____

***The Odd Couple* - Usher**

DeWitt Theatre

___ I would like to usher more than once for this title

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

4. Date _____ Time _____

***An Iliad* - Usher**

Howard Recital Hall (Jack H. Miller Music Building)

___ I would like to usher more than once for this title

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

4. Date _____ Time _____

You will receive confirmation of your dates via mail and email the week of May 7.