

HARDIN COUNTY PLAYERS MEMBERSHIP FORM

PLEASE DATE: _____

Last Name: _____ First Name: _____

(If under 18 years of age, please list parents' names: _____)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email address: _____

Type of Membership: *(please choose one)*

Family \$25.00 Adult \$8.00 Senior Adult \$6.00 Student \$5.00

If family membership, please write family names: _____

Areas of Experience / Interest: *(please see back of sheet for descriptions of interests)*

Front Stage Back Stage
 On Stage Off Stage
 Technical