



carroll
county
a r t s
council

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Westminster, MD 21157

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CarrollCountyArtsCouncil
.org

Theatre Program Assistant Application

(If you need more room please use the back of this application or attach resume)

Name: _____

Home phone: _____ Cell Phone: _____

Email Address: _____

Age: _____ School: _____ Grade: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number(s): _____

Do you have reliable transportation to and from rehearsals? _____

Why are you interested in this opportunity?

List theatre experience:

List conflicts you may have during the production:

I have read this application carefully and understand the responsibilities of being a program assistant at the Carroll County Arts Council.

Applicant's Signature: _____

Date: _____

Parent's Name _____

Parent's Signature _____



**RETURN THIS FORM TO: Carroll County Arts Council
91 W. Main St.
Westminster, MD 21157
ATTN: Lindsay, Theatre Coordinator**