



**2019-2020
Youth Guild
Membership Application**

Name: _____ **Age:** ____ **Grade:** ____

School Attending: _____

Parent or Guardian: _____

Parent or Guardian Phone: _____

Parent or Guardian Email: _____

Will you attend scheduled meetings and events? Y or N

How are you eligible to join youth guild?

Check one or more:

- ____ **Participated in two shows during the 2018-2019 and/or 2019-2020 season**
- ____ **Volunteered in the box office at least three days during the 2018-2019 and/or 2019-2020 season**
- ____ **Attended a paid workshop or camp during the 2019-2020 season**
- ____ **Paid dues of \$50**

I have read and I understand the Sam Bass Theatre Youth Guild's Bylaws and Code of Conduct. I agree to abide by the rules described and understand that I may be removed as a participant if I violate any of these rules.

Member Signature _____ Date _____

**SAM
BASS
THEATRE
EST. 1973**

Parent Signature _____ Date _____

Application should be emailed to: educationandyouth@sambasstheatre.org