

EHS THESPIAN POINTS APPLICATION FORM

STUDENT _____ DATE OF APPLICATION _____

CLASS OF: 10 11 12 13

NAME OF PRODUCTION or CLASS

LOCATION OF PRODUCTION or CLASS _____

DATES OF PRODUCTION or CLASS _____

NUMBER OF SHOWS IN PRODUCTION or CLASS _____

LIST APPROXIMATE NUMBER OF HOURS YOU WORKED AND YOUR ROLE ONSTAGE OR POSITION TECHING. (i.e. Set Construction/worked 15 hours painting/hanging sets; Major Role/Maria Von Trapp/22 hours rehearsing)

1. Acting _____

2. Tech _____

3. Other _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE-NAMED STUDENT HAS ACCURATELY DEPICTED HIS/HER INVOLVEMENT IN THE DESIGNATED THEATRE EXPERIENCE. (if submitting electronically, please verify your discussion with the appropriate person regarding your participation – signature is not necessary)

DIRECTOR/STAGE MANAGER/SUPERVISOR SIGNATURE _____

STUDENT SIGNATURE _____

Do not write below... Information to be completed by EHS Thespian Governing Board:

TOTAL AWARD _____ DATE _____

EHS points awarded _____

Outside points awarded (50% credit) _____

N/A _____