



I WOULD LIKE TO BECOME A FRIEND OF CCT

Name(s) _____ Date _____

Summer address _____ Phone _____

Winter Address _____ Phone _____

Cell phone _____ E-mail _____

Prefer contact by: Phone ___ E-Mail ___ Snail mail ___

Attached/Enclosed: Dues \$ _____ (\$15 per person) Donation \$ _____

I'M INTERESTED IN

	YES	NO	MAYBE
CARNIVAL			
SHOW PLANNING			
ACTING			
SINGING			
DIRECTING			
STAGE MANAGER			
SET CONSTRUCTION			
SET DRESSING			
PAINTING			
PROPS			
COSTUMES			
MAKEUP/HAIR			
LIGHTS/SOUND			
BACKSTAGE CREW			
P.R./PUBLICITY			
USHERS			
BOARD/ADMIN.			
TICKET SALES			
OTHER SUPPORT			

COMMENTS, IDEAS AND OTHER THOUGHTS:

RETURN FORM WITH DUES/DONATIONS TO:

Judith Withers

P.O. Box 18911

Munds Park, Arizona 86017

E-MAIL: bzjsna@cox.net

PHONE: 480-721-6339

Make check payable to CCT.