



Spotlight Players Family Membership Application

Today's Date / /

Please complete the flowing information & enclose \$50 (for 1 parent and 1 child) plus \$15 for each additional child listed below (cash, check or Money Order) payable to **Spotlight Players**

Send to: **Spotlight Players | P.O. Box 87821 | Canton, MI 48187**

Parent Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Child #1 Name (Age): _____ ()_

Child #2 Name (Age): _____ ()_ Child #3 Name (Age): _____ ()_

Child #4 Name (Age): _____ ()_ Child #5 Name (Age): _____ ()_

Please include \$15 for each child after Child #1

By signing this form, you and your child / children agree to abide by the Polices & Practices of Spotlight Players.

Parent Signature: _____

Interests Are: (Circle all that apply)

- | | | | | | |
|------------------|---------------|-----------------|----------|---------------|------------------|
| Director (Stage) | Stage Manager | Acting | Singing | Dancing | Producing (Show) |
| Music Director | Pit Musician | Publicity | Costumes | Hair / Makeup | Choreography |
| Backstage | Props | Sound | Lighting | Set Design | Set Construction |
| | | Anything Needed | | | |

Yes, I would like to make a \$10 donation in addition to my membership

Yes, I would like to donate \$ _____ in addition to my membership

THIS FORM MUST BE ACOMPANIED WITH A SIGNED CODE OF CONDUCT AND CHILD PROTECTION POLICY

(Available on Spotlightplayersmi.org website)

MEMBERSHIP cannot be approved without the above documents.

Any member who violates our Code of Conduct or published Polices is subject to discipline, up to and including removal as a member of Spotlight Players.

The Spotlight Board reserves the right to revoke membership of any members who violate our Polices.

Spotlight Players Use Only

Received by: _____ Signed & Witnessed Required Polices Date: / /

Payment Method: Cash Check (Check # _____) Money Order



Spotlight Players Membership Application Receipt (This section to be returned to Member)

Member Name: _____ Received by: _____ Date: / /

Payment Method: Cash Check (Check # _____) Money Order