



Rancho Cucamonga Community Theatre Company's MEMBERSHIP APPLICATION

Be part of our growth!



Barcode # 100766

RCCT Company Member

Last Name: _____ First Name: _____ Birthday: ____/____/____
(Month) (Day) (Year)

Address: _____
(Street) (City) (Zip)

Home Phone: (____) _____ - _____ Other Phone: (____) _____ - _____ E-Mail: _____

Please indicate which benefits you are most interested in:

Although you receive all benefits, please list your preferred interests by prioritizing (1-9)

- | | |
|--|--|
| <input type="checkbox"/> Theatre Outings to professional shows | <input type="checkbox"/> Participate in decisions for the Company's growth |
| <input type="checkbox"/> Waived or Reduced Participation Fees | <input type="checkbox"/> Post-show discussions |
| <input type="checkbox"/> Advance notice of RCCT auditions and events | <input type="checkbox"/> RCCT Annual Season Celebration |
| <input type="checkbox"/> e-mail <input type="checkbox"/> standard mail (Check all that apply.) | <input type="checkbox"/> RCCT Playbill Recognition |
| <input type="checkbox"/> Salons (Informal theatre discussions) | |

I'd also like to participate in RCCT Company productions:

- | | |
|---|---|
| <input type="checkbox"/> Assistant in general administrative duties | <input type="checkbox"/> Lighting Design |
| <input type="checkbox"/> Musical Theatre | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Backstage Assistance | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Costume Design and Production |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Make Up Design and Application |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Workshops |

Total Fee: _____

Primary Member (\$50): _____ **List Addl. Family Members (\$25 each):** _____

- | | | |
|---|----------------------------|-------|
| <input type="checkbox"/> Mastercard | Card Number _____ | _____ |
| <input type="checkbox"/> Visa | Cardholder Name _____ | _____ |
| <input type="checkbox"/> Check | Cardholder Signature _____ | _____ |
| <input type="checkbox"/> Cash | Expiration Date _____ | |
| <input type="checkbox"/> use credit on account \$ _____ | | |

Miscellaneous

1. How did you hear about us? (Check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Website-www.RCpark.com | <input type="checkbox"/> Advertisement/Flyer | <input type="checkbox"/> RC Theatre Arts/ RCCT Newsletter |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Rancho Cucamonga TV-RCTV | <input type="checkbox"/> Friend/Volunteer |
| <input type="checkbox"/> Other: _____ | | |



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Medical Release: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.

Signature of Parent or Guardian _____ Date _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, _____ on behalf of myself: or _____ on behalf of my minor child, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by the City of Rancho Cucamonga in the attached registration form. This is intended to release and hold harmless the City of Rancho Cucamonga and it's elected officials, officers, employees, contractors and agents.

Doctor's Name _____ Hospital Name _____

Existing Medical Condition _____

I understand that I must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I, or any of my heirs or successors present any claim or action against the City of Rancho Cucamonga.

Participants permit the taking of photographs of themselves and/or their minor children by the City of Rancho Cucamonga during recreation activities to be used in City publications and/or websites.

I HAVE READ THE FOREGOING AND ACKNOWLEDGE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS AGREEMENT.

Signature Required _____ Date _____